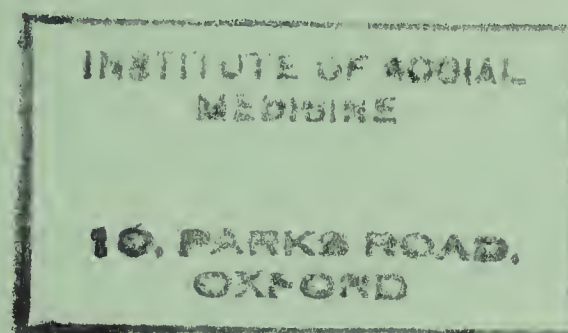


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WILTSHIRE COUNTY COUNCIL



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

**1951**



# INDEX.

	PAGE
AREA MEDICAL OFFICER'S REPORT	51
BIRTHS AND DEATHS	4
RURAL HOUSING	48
INFECTIOUS DISEASES	5
MILK SUPPLY	47
POPULATION	4
SANITARY CIRCUMSTANCES OF THE COUNTY	41
SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946—	
SECTION 21—HEALTH CENTRES	6
SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN	7
SECTION 23—MIDWIFERY SERVICE	15
SECTION 24—HEALTH VISITING	16
SECTION 25—HOME NURSING	18
SECTION 26—VACCINATION AND DIPHTHERIA IMMUNISATION	20
SECTION 27—AMBULANCE SERVICES	21
SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE	22
SECTION 29—DOMESTIC HELP	25
SECTIONS 49/51—MENTAL HEALTH SERVICES	26
SERVICES OTHER THAN THOSE PROVIDED UNDER PART III	32
STAFF	3
TUBERCULOSIS	34



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WILTSHIRE COUNTY COUNCIL

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the Year 1951

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**FOREWORD**

THIS report gives an account of the work of the Health Department for the County Council, excepting only that which is done for the Education Committee.

The greater part of this work relates to those services to the public which the National Health Service Act has made compulsory in the case of Health Centres, Care of Mothers and Young Children, Midwifery, Home Nursing, Vaccination and Immunisation, Ambulance Services, and Mental Health Services, and permissive in the case of Prevention of Illness, Care and After-care, and Domestic Help.

In addition there remain in operation certain sections of the Public Health Acts and other smaller Acts under which the County Council performs functions having as their object the prevention of disease, concerning the sampling of milk for the presence of the bacillus of tuberculosis, and the granting of licences for the pasteurisation of milk in bulk, and other duties concerned with registration.

In the account given of the Sanitary circumstances of the area, mention is made of the work of the Water Supplies and Sewerage Schemes Committee in which the Medical Department plays a considerable part, and since the Health Committee is responsible for the staff of the Medical Department, it seems appropriate to refer here to this side of its duties.

Now we have read much, and have had some experience of the loss of efficiency which results from the main parts of the National Health Service Act falling into administrative divisions insufficiently in touch with each other. The Hospital Services do make considerable efforts to avoid pursuing policies made without regard to the local authorities services, and, for example, the agreements made with them by the County Council in respect of Chest Physicians, and the close touch which this Department can maintain with the Regional Medical Officers through the Liaison Committees, have been of great value. In the case of the General Practitioner Services, steps towards liaison have been taken on the lines recommended by the B.M.A. and through the Local Medical Committee.

Just as it has been said that it is the duty of the Medical Officer of Health to give all the assistance he can whenever the work of his Committee has any bearing on the work of the Hospital or General Practitioner Services, so I am sure the County Council can exert considerable influence over the efficiency of the work of the National Health Service Act *as a whole*. A local health authority should aim at taking a wide view, and, looking further than its own particular interests with the expenditure they may involve, realise its own influence over the general efficiency of health schemes in its area. That this Council has done so already over the provision of Water Supplies and Sewerage Schemes by County District Councils can be realised by reference to the particulars of this work given later in this report and to the very considerable grants paid to District Councils. It is therefore of much importance that the Health Committee should watch the changes taking place in medical services, especially where these are concerned with the prevention of disease.

We have seen during the last four years how the demand for the residential accommodation of the Hospital, Welfare and Children's Services has been checked by the development of the Local Authority schemes for domestic help and home nursing. Mention will be made later on how attendance at the out-patient departments of hospitals in rural or semi-rural areas has been made possible in a way never attempted before the Act by the Ambulance Service, and if other changes seem likely to take place which, while relieving one of the Health Service Authorities of part of their large expenditure, do at the same time add to the responsibilities of the County Council, then the Council should be prepared to play its part to enable the Health Service as a whole to function more efficiently. In writing this I have in mind the recent discoveries of drugs of possibly great value in the treatment of tuberculosis. If expectations are fulfilled, it is possible that the demand for hospital beds for in-patient and sanatorium treatment might be substantially reduced. But in consequence a greater number of tuberculous patients would be under treatment at home requiring there increased visitation by the Health Visitors, the numbers of which are even now really inadequate for the tasks of this nature they perform.

I should like to thank all members of the medical and clerical staffs both at the County Hall, and throughout the County area for their loyalty to the Department and for their keenness in performing their duties.

J. BURMAN LOWE.

County Hall,  
Trowbridge.

MAY, 1952.

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## STAFF.

County Medical Officer of Health and County School Medical Officer:—

J. Burman Lowe, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer:—

Agnes L. Semple, M.B., Ch.B., D.P.H.

Senior Assistant County Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H. (Commenced 1/2/51.)

Area Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Swindon Borough, and Borough School Medical Officer for Swindon.)

Assistant County ~~Borough~~ Medical Officers:—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District.)

H. Margaret Hammond, M.B., Ch.B.

R. Mackay, M.D., M.B., Ch.B., D.P.H. (commenced 1/5/51). (Also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District.)

D. M. Martyn Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District.) (Resigned 31/10/51.) As from 1/2/52 this post was taken over by R. S. McElroy, B.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M.

Jean Murray, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Trowbridge Urban District, and Bradford-on-Avon Urban District.)

R. Bruce Killoh, M.B., Ch.B., D.P.H. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District.) (Commenced 1/1/51.)

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District.)

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health, Salisbury City.) Assistance in respect of immunisation, infant welfare and school medical inspection has also been given by the following part-time officers:—

Gladys M. Parsons, M.B., B.S.; W. J. Powell, M.D., D.P.H.; and Isabel M. Scott, M.D., Ch.B.

Chest Physician:—

J. S. Harper, M.B., Ch.B., D.P.H., M.R.C.P. (By arrangement with Regional Hospital Boards.)

Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (By Arrangement with Regional Hospital Boards.)

Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (By arrangement with Regional Hospital Boards.)

Chief Dental Officer:—

W. H. Liebow, L.D.S.

## Assistant Dental Officers:—

S. H. Brenan, L.D.S.  
 H. H. Greenhalgh, L.D.S.  
 E. C. Humphreys, L.D.S.  
 F. Lake, L.D.S.  
 R. S. McMinn, L.D.S.  
 E. H. Randerson, L.D.S.  
 J. S. MacLachlan, L.D.S. (Commenced 2/1/52.)  
 A. Webber, L.D.S. (Commenced 24/3/52.)

## Lay Administrative Assistant:—

C. A. Horton.

## Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V.'s Cert., Midwives Analgesic Cert.

## Deputy Superintendent of Home Nursing Service:—

Gladys M. Bell, S.R.N., S.R.F.N., S.C.M., Midwives Analgesic Cert.

## County Sanitary Inspector and Water Supplies Officer:—

T. R. Cox, M.R.S.I., M.S.I.A.

## Mental Health Supervising Officer:—

W. R. Hudd.

## County Ambulance Officer:—

T. Bullock.

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**POPULATION**

The Registrar-General's estimate for 1951 (including Services) ... 392,400.

The figure for the previous year was 381,860.

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**BIRTHS AND DEATHS**

	TOTAL.		RATE.	
	1951.	1950.	1951.	1950.
Live Births ... ..	6024	6007	(per 1,000 of population) 15.35	15.73
Still Births... ..	132	130	.34	.34
Deaths ... ..	4328	4036	11.03	10.57
Deaths from Pregnancy, Childbirth, Abortion ... ..	6	5	(per 1000 births) .97	.81
Deaths of Infants under one year of age ... ..	141	137	(per 1000 live births) 23.41	22.81
Deaths from Cancer (all ages) ... ..	632	601		
Deaths from certain Infectious Diseases—				
Tuberculosis, Respiratory ... ..	68	94		
Tuberculosis, Other ... ..	10	8		
Diphtheria ... ..	—	—		
Meningococcal Infections ... ..	—	1		
Acute Poliomyelitis ... ..	1	10		
Other Infective and Parasitic Diseases ... ..	15	10		



The live birth rate of 15.35 when adjusted by the use of the Registrar-General's Area Comparability Factor to allow for the particular age and sex distribution of Wiltshire's population becomes 16.89 and this figure may then be compared with the national rate of 15.5.

The still birth rate of .34 when similarly adjusted becomes .37 compared with a national rate of .36.

No such adjustments are possible in respect of the maternal mortality and infant mortality rates, but the crude county maternal mortality rate of .97 compares with a national rate of .79 and the crude infant mortality rate of 23.41 with a national rate of 29.6. There has been a slight increase in both these county rates over last year, when the figures were .81 and 22.81 respectively. It should, however, be remembered in connection with the maternal mortality rate that, as the numbers involved are very small, changes in the rate have much less significance than would at first appear.

The following table gives the number of deaths during the past 12 years resulting from the more significant of the infectious diseases in the above table:—

Disease.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Deaths from Tuberculosis—												
Respiratory ...	109	134	107	95	99	92	110	103	108	91	94	68
Other ...	28	49	34	24	26	34	16	19	23	12	8	10
„ „ Diphtheria ...	37	19	2	2	5	1	2	2	—	1	—	—
„ „ Acute Poliomyelitis	1	3	—	1	2	3	1	5	1	13	10	1

The considerable drop in the total deaths from phthisis is worthy of note, especially having regard to the much higher totals regularly recorded a few years ago. The fall in deaths from poliomyelitis is very satisfactory and much greater proportionally than the fall in notifications, which were halved last year.

### ACUTE INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1951 of the more important infectious diseases, together with comparative figures for 10 preceding years.

It should be noted that the figures for 1950 onward include non-civilians as the statistics furnished by District Medical Officers of Health in the Registrar-General's Return Forms now include all cases without distinction. Figures for previous years exclude service cases.

Disease.	Total Notifications during										
	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Smallpox ...	—	3	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	711	543	658	640	541	355	311	455	269	564	607
Diphtheria ...	314	70	74	105	17	14	16	6	2	—	3
Enteric Fever (including Paratyphoid) ...	31	5	6	—	2	1	1	2	1	4	1
Puerperal Pyrexia ...	120	98	67	64	41	50	34	35	36	24	52
Meningococcal Infection ...	100	60	28	22	16	15	13	3	8	6	3
Acute Poliomyelitis ...	14	9	9	1	5	13	51	30	67	68	32
Acute Encephalitis ...	2	6	2	—	—	1	—	—	—	3	1
Ophthalmia Neonatorum ...	29	25	20	22	24	27	19	7	3	20	4

**SMALLPOX.**—No case occurred in Wiltshire during the year. Responsibility for action should a case occur still remains divided between County District Councils, the three Regional Hospital Boards and the County Council.

**SCARLET FEVER.**—The number of notifications, 607, has again risen, but the disease is now mainly of a comparatively mild nature.



DIPHTHERIA.—Two of the three cases notified were not confirmed as diphtheria. One was an adult, previously immunised, who developed tonsillitis, and the other was eventually diagnosed as suffering from quinsy. The third case notified was not confirmed by pathological examination although considered clinically definite. The patient was a child of ten months who had not yet been immunised, but recovered and was subsequently immunised by the practitioner who diagnosed diphtheria clinically and who may therefore have eventually had some doubt.

PUERPERAL PYREXIA.—The total of notifications, 52, has risen considerably as a result of the new statutory definition, but there was no serious outbreak of infection during the year.

ACUTE POLIOMYELITIS.—The number of cases notified in 1951, 32, was less than half that in the preceding two years. Our programmes of diphtheria immunisation and tonsils operations were consequently less affected, but the prevalence of this disease during the summer months still seriously affects the work and we have had to intensify our efforts to undertake as much diphtheria immunisation as possible during the winter.

OPHTHALMIA NEONATORUM.—Notifications were very few, 4, and there was no case of resulting impairment of sight. Every case is followed up to ascertain the result from this point of view.

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ENQUIRY INTO VIRUS INFECTIONS IN PREGNANCY.—The enquiry into virus infections during pregnancy by the Ministry of Health instituted in July, 1950, continues to be pursued. Details of the scheme were circulated to all general practitioner obstetricians, domiciliary midwives, maternity hospitals, and ante-natal clinics, with a request that all women suffering from virus infections during pregnancy should be reported, with a larger number selected as controls, in order that they might be centrally registered under the scheme and the subsequent course of the pregnancy and medical history of the children might be carefully watched.

To the end of 1951 seven cases of such infection during pregnancy, and 36 control cases, had been registered in the County area, excluding Swindon.

The results of the examinations made in the County under the scheme are sent on to the Registrar-General for use in the nation-wide enquiry.

THE PUBLIC HEALTH (LEPROSY) REGULATIONS, 1951.—These regulations, making leprosy notifiable, came into operation on the 22nd June, 1951. In view of the special need to preserve secrecy, however, notification has to be made to the Chief Medical Officer of the Ministry of Health and not to the Medical Officer of Health of the district concerned.

Towards the end of 1951 two cases were notified in Wiltshire. They were not connected in any way. The first patient was a young Eurasian girl who had come from India to live with her parents in this County. After consultation with the Medical Secretary of the British Empire Leprosy Relief Association, who has joined the Ministry staff as part-time adviser on leprosy, she was admitted to accommodation which has been made available in a hospital at Reigate, an annexe of the Hospital for Tropical Diseases. The second patient was a young man in the R.A.F.

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## SERVICES PROVIDED UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

### SECTION 21—HEALTH CENTRES.

A full account of the origin and working arrangements of the Health Centre at Swindon appeared in my Annual Report for 1950. A reference to the work carried out at the centre during 1951 appears in the Area Medical Officer's Report on Page 51.



*With the exception of the Statistics given under Sections 27 and 49/51 following, the figures given exclude those for the Borough of Swindon which will be found in the Report of the Area Medical Officer at the end of this Report.*

## SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN.

### ANTE-NATAL AND POST-NATAL CLINICS.

The clinics in operation in 1951 and still open with the exceptions noted, are listed below, with details of the attendances made:—

Clinic.	Sessions.	Obstetrician Attending.	Number of Attendances, 1951.
<b>Bulford</b> (Ante-natal cases only). Welfare Centre, Horne Road, Bulford.	Every Monday, 2 p.m. ...	Medical Officer from staff of Tidworth Military Families Hospital	1011
<b>Corsham.</b> County Council Clinic, Fuller Avenue.	1st and 3rd Fridays, 2.30 p.m....	Dr. I. F. MacMath ...	285
<b>Cricklade.</b> Red Cross Hut, High Street ...	3rd Monday, 2.15 p.m. ...	Mr. G. Roworth ...	154
<b>Devizes</b> (Educational Clinic only). Sheep Street School Rooms ... (Ceased June, 1951.)	1st Monday, 2 p.m. ...	Nil ...	9
<b>Salisbury.</b> General Infirmary ...	Ante-natal: Every Tuesday and Thursday, 10.30 a.m., and every Fri- day, at 11 a.m. Post-natal: Every Thursday at 11.30 a.m., and every Friday at noon.	Dr. J. C. Gordon ... Mr. H. Burt-White ...	491 domiciliary cases; see note in para- graph below.
<b>Trowbridge</b> (Educational Clinic only). County Council Clinic, The Halve ... (Ceased December, 1951.)	1st and 3rd Wednesdays, 3 p.m.	Nil ...	46
<b>Wilton.</b> West Lodge, West Street ...	3rd Thursday, 2 p.m. ...	Dr. S. C. H. Lane ...	35
<b>Wootton Bassett.</b> The Memorial Institute ... (Ceased April, 1951.)	1st Monday, 2.30 p.m. ...	Mr. G. Roworth ...	168

Opportunity for routine dental inspection is given to all mothers attending ante-natal clinics, whether from the County area or from neighbouring Counties, with complete facilities for treatment. Expectant mothers not within easy reach of the clinics are also given opportunities for inspection and treatment when the Dental Officer is visiting Infant Welfare Centres. Further particulars of the work undertaken will be found in the Chief County Dental Officer's Report on another page.

The Educational ante-natal clinics at Devizes and Trowbridge have been closed in June and December respectively as attendances were very poor. The demand for ante-natal clinics under the Local Health Authority has steadily decreased with increased booking of cases by doctors under the Maternity Medical Service Scheme and there is now need for clinics only in certain areas owing to local circumstances. An instance is the clinic at Corsham where most patients seen are already booked for confinement in hospital at a distance and who naturally find it more convenient



to attend for examination locally by the doctor who also attends the hospital concerned. The same applies to the Cricklade Clinic and that at Salisbury is, of course, really a hospital clinic to which a relatively few domiciliary cases are also sent for advice by the Obstetrician.

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#### MEDICAL ANTE-NATAL AND POST-NATAL EXAMINATION OF DOMICILIARY MIDWIFERY CASES BY GENERAL PRACTITIONER OBSTETRICIANS.

This scheme too is being rapidly superseded by the local practitioners' work under the Maternity Medical Service Scheme and only 25 ante-natal and 21 post-natal examinations were made during the year, comparing with 31 and 29 respectively in 1950.

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#### MATERNAL MORTALITY.

Careful records have been kept of all maternal deaths for a great many years past for statistical purposes but investigations of individual deaths have not been carried out for some time. In November, 1951, a modified scheme for the investigation of maternal deaths was suggested by the Ministry of Health and it is proposed to co-operate in this scheme. This will involve notification to the Consultant Obstetrician for the area of all maternal deaths which are discovered as a result of the routine scrutiny of the death returns for the whole County, which is regularly undertaken, any information already available through the domiciliary midwifery service, etc., being forwarded at the same time. The Obstetrician will then proceed to investigate the circumstances of the death and undertake any necessary follow up with the hospital, general practitioner or midwife, as may be required. The report form will then be returned for comment from the angle of the domiciliary service before being finally forwarded to the Regional Assessor appointed by the Ministry of Health. These investigations are, of course, strictly confidential and are being made purely for scientific and public health purposes.

#### INFANT WELFARE AND WEIGHING CENTRES.

Four additional Infant Welfare Centres and three Infant Weighing Centres were opened during the year and there are at the time of writing 57 Infant Welfare and 48 Infant Weighing Centres open in the County area. These services seem to be well appreciated but further expansion of the number of Infant Welfare Centres during 1952 may be hampered by financial restrictions on the employment of additional practitioners in this work, the County Medical staff being fully occupied.

The County is well covered for Infant Welfare Centres and the facilities are fully used, attendances totalling 40,145 in 1951. During the year many Centres have been supplied with additional equipment, chiefly in the way of screens and cupboards. Weighing machines are regularly inspected by officers of the Weights and Measures Department and repairs or replacements are made where required to ensure accurate weighing. The provision of filing cabinets for the new record cards is necessary and will be started in the coming year.

Voluntary work continues to be given in most of the centres and greatly facilitates the work of the Medical Officer and Health Visitor.

As mentioned in the Chief Dental Officer's Report on a subsequent page, regular six-monthly visits by the County Dental Staff to all Infant Welfare Centres are being maintained as far as possible and treatment found to be necessary is normally carried out at fixed clinics nearby. Expectant mothers not within easy reach of ante-natal clinics are also invited to attend, but very few use this facility. The continued shortage of County Dental Staff and difficulty in replacement if accentuated may jeopardise the service to Welfare Centres before the end of 1952.

Information regarding the sale of infant foods at Welfare Centres will be found under the separate heading below.



The following table gives present particulars of the Infant Welfare Centres and attendances made during 1951:—

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances. 1951.
ALDBOURNE. The Rest Room.	3rd Thursday, 2.30—4.30 p.m.	Dr. Varvill, ‡Miss Wookey.	M.O. attends every session.	115
ALDERBURY. The Chapel Room.	3rd Wednesday, 3—4.30 p.m.	Dr. Masson and District Nurse.	M.O. attends every session.	155
AMESBURY. Youth and Community Centre, Kitchener Rd.	1st and 3rd Tuesdays, 2.30—4 p.m.	†Dr. Hammond and District Nurse.	M.O. attends 3rd Tuesday.	498
ASHTON KEYNES & LEIGH. Parish Hall.	1st Wednesday, 3 p.m.	Dr. Thomson and District Nurse.	M.O. attends every session.	168
AVEBURY. The Club Room.	1st Thursday, 2—4 p.m.	†Dr. Mackay and District Nurse.	M.O. attends every session.	281
BOX. Methodist Schoolroom.	2nd and 4th Fridays, 2—4 p.m.	Dr. Scott and District Nurse.	M.O. attends 2nd Friday.	793
BOXFIELD. Community Centre.	1st and 3rd Fridays, 2—4 p.m.	Dr. Scott and ‡Miss Slade.	M.O. attends 1st Friday.	459
BRADFORD-ON-AVON. Church House, Church Street.	2nd and 4th Tuesdays, 2.30 p.m.	†Dr. Semple, ‡Miss Francis and District Nurses	M.O. attends every session.	826
BROADCHALKE. The Village Hall.	2nd Wednesday, 2 p.m.	Dr. Brown and District Nurse.	M.O. attends every session.	313
BROMHAM. The Village Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Bruce Killoh and District Nurse.	M.O. attends 4th Wednesday.	428
BULFORD. The Infant Welfare Centre, Horne Road.	2nd and 4th Tuesdays, 2—4.30 p.m.	†Dr. Hammond and District Nurse.	M.O. attends every session.	1,036
CALNE. Community Centre, Station Road.	1st and 3rd Wednesdays, 2—4 p.m.	†Dr. Johnson, ‡Mrs. Ladd.	M.O. attends every session.	621
CHIPPENHAM. St. Andrew's Church Hall.	Every Tuesday, 2—4 p.m.	†Dr. Broomhead, ‡Miss MacNeil and ‡Mrs. Pilch.	M.O. attends every session.	2,232
Methodist Schoolroom, Sheldon Road.	1st and 3rd Wednesdays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Pilch.	M.O. attends 1st Wednesday.	607 (Commenced Jan., 1951).
CHISELDON. The Calley Memorial Hall.	2nd and 4th Thursdays, 2—4 p.m.	Dr. Borrelli and local Health Visitor.	M.O. attends 4th Thursday.	391
CORSHAM. County Council Clinic.	Every Thursday, 2—4 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends every session.	1,324
CRICKLADE. Town Hall.	2nd and 4th Tuesdays, 2.30—4 p.m.	†Dr. McElroy, ‡Mrs. Lumley, and District Nurse.	M.O. attends 4th Tuesday.	239
DEVIZES. Sheep Street Schools.	2nd and 4th Tuesdays, 2.15—4 p.m.	†Dr. Bruce Killoh and ‡Miss Lake.	M.O. attends every session.	952
DEVIZES (Military families) Prince Maurice Barracks.	1st Wednesday, 2 p.m.	Military Medical Officer and ‡Miss Lake.	M.O. attends every session.	145
DOWNTON. Youth and Social Centre Clubroom.	Alternate Fridays, 2.30—3.45 p.m.	Dr. Whitehead, jun., and District Nurses.	M.O. attends every session.	859

†County Medical Staff.

‡Whole-time Health Visitor.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances. 1951.
DURRINGTON. Memorial Hall.	Every Thursday except first, 2.30—4 p.m.	†Dr. Semple and ‡Mrs. Jarvis.	M.O. attends 2nd and 4th Thursday.	909
EAST KNOYLE. Village Hall.	1st Wednesday, 2.30 p.m.	†Dr. Semple and District Nurse.	M.O. attends every session.	174
GREAT BEDWYN. The Challoner-Ellis Hall.	2nd Wednesday, 2—4 p.m.	Medical Officer being appointed. District Nurse.	M.O. attends every session.	349
HIGHWORTH. The Rifle Range.	Every Tuesday, 2—4 p.m.	Dr. Kelly, ‡Mrs. Lumley, and District Nurse	M.O. attends 1st Tuesday. 2nd and 4th Tuesdays for vitamins, etc. dis- tribution only.)	1,259
LANDFORD. Women's Institute Hut.	3rd Thursday, 2.30 p.m.	Dr. Whitehead, jun., and District Nurse.	M.O. attends alter- nate months.	134
LARKHILL. Welfare Building. The Packway.	Alternate Tuesdays, 2—4 p.m.	M.O. detailed by A.D.M.S., Salisbury Plain District, and District Nurse.	M.O. attends every session.	1,253
LAVERSTOCK. Hill Hall, Church Rd.	1st Wednesday, 2.30—4 p.m.	Dr. Masson and ‡Miss Norman.	M.O. attends every session.	208
LAVINGTON. Wesleyan Schoolroom, Littleton Panell. (Ceased January, 1952).	1st Friday, 2.30—3.30 p.m.	Dr. Skene and District Nurse.	M.O. attends every session.	79
LUDGERSHALL. The Sports Club, Tidworth Road.	Last Wednesday, 2.45 p.m.	Dr. Drake and District Nurse.	M.O. attends every session.	425
LYNEHAM. Village Hall.	3rd Thursday, 2—4 p.m.	†Dr. McElroy and District Nurse	M.O. attends every session.	414
LYPPIATT CAMP. No. 23 Military Fami- lies Camp.	1st and 3rd Mondays, 2 p.m.	†Dr. Broomhead and ‡Mrs. Ferman.	M.O. attends 3rd Monday.	250 (Commenced Jan., 1951).
MALMESBURY. The Moravian Church Hall, Oxford Street.	1st and 3rd Wednesdays, 2.30 p.m.	Dr. Hodge and Dr. Winch or Dr. Clarke (in annual rotation). ‡Miss Jackson and District Nurses.	M.O. attends first Wednesday.	553
MARLBOROUGH. Congregational Schoolroom, The Parade.	1st Friday, 2—4 p.m.	†Dr. Mackay and District Nurses.	M.O. attends every session.	149
MELKSHAM. Old Bank House.	Alternate Thursdays, 2—4.30 p.m.	Dr. Schofield, ‡Miss MacNeil and District Nurses.	M.O. attends every session at 3 p.m.	1,187
MERE. Lecture Hall, Salisbury 5street.	1st and 3rd Tuesdays, 2.30—4.15 p.m.	Dr. Hart and Dr. Alexander (in four- monthly rotation) and District Nurse.	M.O. attends every session.	509
NETHERAVON. Parish Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Hammond and Local Health Visitor.	M.O. attends 4th Wednesday.	172
NOMANSLAND. The Chapel School- room	2nd Thursday, 3 p.m.	Dr. Whitehead, jun., and District Nurse.	Alternate months (odd months).	147
NORTH BRADLEY. Progressive Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	†Dr. Semple and ‡Miss Slade.	M.O. attends 4th Wednesday.	459 (Commenced March, 1951).
PERHAM DOWN. Cpls.' Room, N.A.A.F.I., Cachy Barracks.	Alternate Tuesdays, 2—4 p.m.	M.O. detailed by A.D.M.S., Salisbury Plain District, and local Health Visitor.	M.O. attends every session.	455

†County Medical Staff.

‡Whole-time Health Visitor.



Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances. 1951.
PEWSEY. The Foresters Hall.	1st Thursday, 2.30 p.m.	Dr. M Hynes and District Nurse.	M.O. attends every session.	227
PURTON. Red House.	2nd and 4th Tuesdays, 2.30—4.30 p.m.	†Dr. McElroy and District Nurse.	M.O. attends 2nd Tuesday.	624
RAMSBURY. The Memorial Hall, High Street.	1st Thursday, 2.15—3.30 p.m.	Dr. Mills, ‡Miss Wookey, and District Nurse.	M.O. attends every session.	229
SALISBURY. Hulse Clinic, General Infirmary.	Every Tuesday and Friday, 2—3.30 p.m.	†Dr. Wright, ‡Miss Williams and other Salisbury Health Visitors as available.	M.O. attends every session.	4,135
St. Michael's Parish Hall, St. Michael's Road.	Every Thursday, 2—3.30 p.m.	†Dr. Hammond, ‡Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session.	2,522
STRATTON ST. MARGARET. Methodist Schoolroom, Lower Stratton.	2nd and 4th Thursdays, 2—4 p.m.	†Dr. McElroy, ‡Mrs. Lumley and District Nurses.	M.O. attends 4th Thursday.	311
TIDWORTH. St. Patrick's Road.	Alternate Tuesdays, 2—4.30 p.m.	M.O. detailed by A.D.M.S., Salisbury Plain District, and District Nurse.	M.O. attends every session.	949
TISBURY. Red Cross Hut, New Rd.	2nd Tuesday, 3 p.m.	Dr. Brown and District Nurse.	M.O. attends every session.	338
TROWBRIDGE. County Council Clinic, The Halve.	Every Tuesday and Thursday, 2—4 p.m.	†Dr. Murray, ‡Mrs. Fielding, ‡Miss Slade.	M.O. attends every Tuesday.	3,157
UPPER STRATTON. St. Philip's Church Hall.	1st and 3rd Fridays, 2 p.m.	†Dr. McElroy and ‡Mrs. Lumley.	M.O. attends 1st Friday.	852
WANBOROUGH. St. Andrew's Church Hall, High Street.	2nd and 4th Monday, 2—4 p.m.	†Dr. McElroy and Local Health Visitor.	M.O. attends 2nd Monday.	376
WARMINSTER. Methodist Schoolroom, George Street.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Reynolds and ‡Miss Hills.	M.O. attends every session.	919
WESTBURY. Methodist Schoolroom, Station Road.	1st and 3rd Thursdays, 2—4 p.m.	†Dr. Reynolds and local District Nurses.	M.O. attends every session.	737
WEST HARNHAM. The Old School.	1st and 3rd Mondays, 2 p.m.	†Dr. Semple and ‡Mrs. Jarvis.	M.O. attends every session.	247 (Commenced March, 1951).
WHITEPARISH. The Melchett Hall.	Last Tuesday, 2.30 p.m.	Dr. Jepson and District Nurse.	Every other month (odd months).	145
WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays, 2—4 p.m.	Dr. Lane, ‡Miss Norman, and District Nurse.	M.O. attends every session.	434
WINTERSLOW. Parish Hall.	1st and 3rd Fridays, 2.30 p.m.	Dr. Masson and local Health Visitor.	M.O. attends 3rd Friday.	721
WOOTTON BASSETT. Memorial Institute.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. McElroy and ‡Miss Kay.	M.O. attends every session.	664
WROUGHTON. Ellandune Hall.	1st and 3rd Thursdays, 2.30—4 p.m.	Dr. Calnan, ‡Miss Kay, and District Nurse.	M.O. attends 1st Thursday.	1,025

†County Medical Staff.

‡Whole-time Health Visitor.



### CARE OF PREMATURE INFANTS.

The complete sets of equipment for the care of premature babies in their own homes maintained at twelve Centres in the County have continued to be available. Statistics show that some 74 babies who were 5½ lb. or less in weight at birth and therefore classed as premature were born in their own homes during the year. Eight were removed to hospital and of the 66 who remained at home 60 survived the difficult first month of life. Four died during the first day and 2 during the first week.

### DENTAL CARE.

Further particulars of the work undertaken under the paragraphs relating to Clinics above, and for expectant mothers and young children generally, will be found in the Chief County Dental Officer's Report on Page 14.

### SUPPLY OF INFANT FOODS.

The sale of foods at the Welfare Centres at little more than cost price (or free if financial circumstances warrant) continues to be a very popular facility. Of the items sold at Welfare Centres some nutrient preparations are included in the small list of simple medicinal preparations which may be prescribed by Medical Officers and issued free as medicines in individual cases.

The following is a summary of the main preparations purchased during 1951 for sale at the various centres under the County scheme:—

Infant Milk Foods	...	...	...	...	...	...	7,044 lb.
Baby Cereal	...	...	...	...	...	...	4,644 packets.
Strained Baby Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	...	...	3,624 tins.
Nutrients (chiefly malt and oil preparations)	...	...	...	...	...	...	5,268 containers.
Baby Rusks	...	...	...	...	...	...	4,128 packets.
Glucose	...	...	...	...	...	...	6,780 cartons.
Malted Milk	...	...	...	...	...	...	1,116 lb.
Teats	...	...	...	...	...	...	996

In addition to the above, Government Welfare Foods, i.e. National Dried Milk, Cod Liver Oil, Orange Juice, and vitamin preparations, are distributed on behalf of the Ministry of Food at Welfare Clinics and other centres. This work is largely undertaken by Voluntary Helpers, without whose assistance these sales would not be possible at many clinics.

### PROVISION OF MATERNITY OUTFITS.

Maternity Outfits are available free for all domiciliary confinements from the local midwives, who are supplied either from Central Store, local storage depots, or direct from the manufacturers.

The number supplied during 1951 was approximately 1,700.

### DAY NURSERY PROVISION.

Day Nurseries are situated in the County area at Trowbridge and Salisbury, which latter has until now undertaken the training of nursery nurses. During 1951 the number of places at the former was 40 and the latter 55, but towards the end of the year for reasons of economy it was decided to reduce these numbers to 25 and 50 respectively. It has now been decided gradually to discontinue training at Salisbury, also for reasons of economy, and no further students are being accepted.

Limited provision of Day Nursery accommodation such as exists in Wiltshire meets a definite need for unmarried mothers who are trying to support their own children, widows and others placed in circumstances of hardship, and these classes are always given priority of admission for their children. In Trowbridge, with the reduced provision, there will be practically no accommodation available for others.



## CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The County Council's arrangements with the Salisbury and Bristol Diocesan Associations for Moral Welfare have been continued whereby, under grant from the County Council, the Associations maintain three additional Diocesan Welfare Workers for these duties. Their work is co-ordinated with the remainder of the work of the Health Committee by means of a County Health Visitor attached to the administrative staff, one of whose principal duties is to maintain constant touch with these workers and the Mother and Baby Homes. Central records are kept by her of all their cases.

The total number of cases dealt with under the scheme during 1951 was 225.

There is no doubt that this scheme does provide much help and prevents a great deal of hardship to unmarried mothers.

The number of girls who became pregnant under the age of 16 and required help under our scheme considerably increased during 1951 and totalled 11. Such cases are as a rule sent to Homes outside the County which specialise in training young girls, and the results obtained have been good. This disturbing increase led to the Maternity and Child Welfare Sub-Committee reviewing the position early in 1952, and it is still giving consideration to the matter.

The attention of the Health Committee was also drawn by the Children's Committee to the number of instances of two or three illegitimate children of the same mother coming into that Committee's care. Investigation showed, however, that there does not appear to have been any increase in the number of unmarried mothers being confined for the second, third or fourth time during 1951, as compared with, say, 1949, and, except for a few who were adopted, almost all of the children born to such mothers during 1951 have been kept by their mothers.

## MOTHER AND BABY HOMES.

The Girls' Hostel at Devizes, organised by the Salisbury Diocesan Association in conjunction with the County Council, has continued in active use and during the year 65 cases were admitted. Sixty-seven similar cases were dealt with in 1950 at Devizes and Chelworth House. The County Council takes financial responsibility, based on actual cost, for all approved cases, but each girl is required to make some contribution according to her means. The premises were provided by the County Council, and, as the Council therefore assumes, with the maintenance payments mentioned, such a large share in the actual cost of the Home, the Council's policy has always been that this Home should be utilised to the full before any responsibility is taken for cases elsewhere, apart from young girls needing training in specialised homes. When, however, the Home is full, cases are sent to the Diocesan Home at Salisbury and during the year 18 were admitted at the Council's expense.

The number of cases of young girls referred to above sent to Mother and Baby Homes out of the County for confinement and subsequent training was five.

## BIRTH CONTROL.

Voluntary Family Planning Clinics have now been opened at Trowbridge and Salisbury, early in 1952, and cases recommended for advice on medical grounds by County staff are referred there. In necessitous cases the cost of consultation and equipment provided is met by the County Council. A similar clinic, which is also used, already exists at Swindon.

In 1951 24 necessitous County cases attended the Swindon clinic and, pending the opening of the clinics at Trowbridge and Salisbury, 90 cases were referred at County expense to medical practitioners specialising in this work at Trowbridge, Bath, and Salisbury.

Reasonably convenient facilities therefore exist to meet the needs of cases throughout the County recommended by doctors and nurses on medical grounds.



# CO-OPERATION WITH THE SPECIALIST CLINICS PROVIDED BY REGIONAL HOSPITAL BOARDS FOR ORTHOPAEDIC, OPHTHALMIC, AND EAR, NOSE AND THROAT DEFECTS.

The County Council has continued to co-operate in the arrangements for the attendance of cases at the Out-patient clinics provided by the Regional Hospital Boards. This involves a good deal of work, some indication of which is shown by the following, but is of considerable and direct benefit in our infant welfare work. It is a good example of the co-ordination of work which the various branches of the Health Service need.

## ORTHOPAEDIC CLINICS.

Records for roughly 835 children under school age attending the out-patient clinics are held, and kept up to date with the results of attendances. In-patient treatment at the Bath Orthopaedic Hospital is arranged both with parents and hospital. All new cases found in Infant Welfare Centres or recommended by general practitioners are invited to the Orthopaedic Clinics, and any old cases referred for laxity in attendance are followed up by our nursing staff.

## OPHTHALMIC CLINICS.

The same position arises here. The number of records held is about 195, but all invitations, both for first and subsequent attendances at out-patient clinics, are arranged through this Department, and cases followed up where necessary, for laxity in following advice regarding treatment or in attendance at clinics.

## EAR, NOSE AND THROAT CLINICS.

Again the same position arises as with eye cases. The number of current cases is approximately 140, but naturally more operative work is involved and, in the case of some hospitals, arrangements with parents for admissions are still made through this Department.

Some of the above work is not entirely the province of the County Council, but is carried out by agreement with the Hospital Boards, who make payments to the Council for the administrative costs involved.

## REPORT OF CHIEF DENTAL OFFICER.

In order to provide dental inspection and treatment for children under five an effort is made to visit Infant Welfare Centres in the County every six months. In areas where no Dental Officer is available an opportunity is given to attend special clinics. Expectant and nursing mothers can also be invited to the Centres for examination, but they are usually referred to special sessions at dental clinics. This often means a considerable amount of travelling with a consequent number of broken appointments when travelling facilities are bad.

In spite of a depleted staff, bad accommodation and travelling arrangements, the work done during the year again shows increase and is equal to the time of approximately one and a half whole-time Officers.

## RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946.

(Figures for the previous year are shown in brackets.)

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Fit.	Extractions.		Administrations of General Anaesthetics.
					Local Anaesthetics.	General Anaesthetics.	
Expectant and nursing mothers	810 (517)	775 (474)	717 (402)	254 (309)	452 (492)	105 (181)	17 (39)
Children under 5	1143 (884)	758 (430)	591 (361)	433 (225)	181 (144)	488 (230)	142 (79)
TOTALS ...	1953 (1401)	1533 (904)	1308 (763)	687 (534)	633 (636)	593 (411)	159 (118)



## (b) Forms of dental treatment provided.

	Fillings.	Silver Nitrate Treatment.	Other Operations.	Radio-graphs.	Dentures provided. Complete. Partial.		Dentures Repaired.	Attendances for Treatment.
Expectant and nursing mothers ...	752 (704)	19 (20)	393 (316)	8 (12)	26 (23)	60 (63)	— (3)	1057 (1176)
Children under 5	449 (335)	425 (285)	82 (171)	2 (—)	— (—)	— (—)	— (—)	857 (972)
TOTALS	1201 (1039)	444 (305)	475 (487)	10 (12)	26 (23)	60 (63)	— (3)	1914 (2148)

## SECTION 23—MIDWIFERY SERVICE.

## ARRANGEMENTS FOR SUPERVISION OF MIDWIVES.

The supervision of midwives is divided between the Superintendent Nursing Officer and her assistant. Routine visits to all midwives in the County are made about four times a year.

## ANALGESIA.

The training of domiciliary midwives in the administration of gas and air analgesia has now been completed, and except for one midwife near retiring age, all are trained. Gas and air analgesia was administered in 1,248 domiciliary cases during the year.

## HOUSING ACCOMMODATION OF MIDWIVES.

The provision of satisfactory housing continues to be one of the greatest difficulties in the recruitment of midwives to replace natural wastage due to retirement and resignations. The problem is being slowly met by the building of houses and adaptation of premises. In 1951 a satisfactory flat was provided by adaptation of premises at Warminster and, by the end of the year, the building of a house at North Bradley was well under way and another was being commenced at Rowde. Tenders had also been accepted for a pair of houses at Calne and sites for houses at Highworth, Chiseldon, Tisbury and Langley Burrell had been selected. The County Council resorts to building only if it is impracticable to secure a District Council house for the midwife, and in the past a great deal of help in housing midwives has been afforded in this way by District Councils.

With all new houses garage accommodation is provided, and, wherever necessary and possible, garages have been added to existing accommodation, but this is sometimes impracticable owing to the prohibitive cost of site works, etc.

## TRANSPORT.

With very few exceptions midwives in the County service possess cars and are paid mileage allowances on the national scale. A few use cars provided and maintained by the County Council.

The Ministry's scheme for obtaining priority of delivery of new cars to midwives has proved most helpful in maintaining adequate transport and during the year seven cars were delivered under this scheme.



## GENERAL.

The following table gives particulars of the work done during the year by all the midwives in the County area.

CATEGORY.	DOMICILIARY CASES.		CASES IN INSTITUTIONS.		Totals.
	Midwifery.	Maternity Nurse.	Midwifery.	Maternity Nurse.	
County Council Midwives ... ..	1238	289	—	—	1527
Midwives employed by Hospital Management Committees ... ..	181	5	2203	277	2666
Private Midwives ... ..	10	29	79	150	268
TOTALS ... ..	1429	323	2282	427	4461

County Council midwives were asked during the year to attend 134 cases discharged from Maternity Homes before the fourteenth day. This form of co-operation between hospital and County staffs is highly desirable, if it is impossible to retain patients in hospital for the full confinement period.

Pethidine was administered by midwives in domiciliary practice in 705 cases during the year. In 560 of these cases the midwife was acting as such, and in 145 cases as maternity nurse.

## MIDWIVES ACT, 1918.

Medical Aid was summoned by midwives in domiciliary cases totalling 301 during the year, compared with 214 in the previous year. The corresponding number of claims by doctors was 57, so that it may be assumed that in some 244 of these cases the patients were already booked by the doctors under the Maternity Medical Services. It is doubtful if there is any actual increase in calling in of medical aid as more accurate use of forms has been followed during the year.

## SECTION 24—HEALTH VISITING.

The staff in the County area at the end of the year consisted of 20 whole-time Health Visitors qualified as such and 62 part-time Health Visitors, three only of whom held the Health Visitor's Certificate. In accordance with the policy of the Ministry of Health the number of unqualified part-time Health Visitors has thus been further reduced from 61 in 1950 to 59, for whom, of course, the Minister's dispensation from the Regulations is held, thus enabling them to act as infant visitors.

The transfers of infant visiting from unqualified to qualified staff which have been made since the introduction of the National Health Service Act cover the infant visiting in 18 nursing districts, which is a substantial part of the County area and justifies the statement that the transfer is taking place as quickly as possible having regard to the shortage of qualified staff and Budgetary restrictions on the appointment of additional staff.

Except for infant visiting in certain areas, however, all other duties normally falling to qualified Health Visiting staff, such as visits to tuberculous patients, after-care of infectious diseases, etc., are carried out throughout the County by the qualified staff.

Two candidates were accepted for training as Health Visitors under the County Council's scheme and commenced training in September. If successful in qualifying in the summer of 1952 they will be placed in the districts where the need for more trained staff is most acute, and further infant visiting will be transferred from the unqualified staff to them. Another two candidates have been accepted to commence training in September, 1952.



The work of the whole-time Health Visitors is continually extending as its full scope under the National Health Service Act is more fully realised, and the operation of the Home Help Service, which is in the hands of the whole-time staff, forms an important part of their duties, particularly in some areas. The actual number of visits paid in connection with this scheme was over 4,700.

Notifications of certain infectious diseases as received from District Medical Officers of Health are passed to qualified Health Visitors in order that they may visit and give advice as to the patient's care and the measures necessary to prevent the spread of infection. This is another of the new duties arising under the Health Service Act.

The arrangement has continued whereby the whole-time Health Visiting staff are responsible for the visiting of Child Life Protection cases under the age of two as it is, of course, desirable for the welfare of such young children to be in the hands of trained health visiting staff, and this avoids as far as possible the duplication of visits to foster-parents by staff of the Children's Department.

An important duty carried out throughout the whole of the County by the qualified Health Visiting staff is the special supervision of all families where deliberate neglect of children has been found. Periodical reports on all such cases are submitted to the Children's Officer, through whom action with the N.S.P.C.C. is taken where necessary. The total number of families on our register is 68.

Reports received from Health Visitors and also our scrutiny of death returns from Registrars of Deaths indicate that a number of deaths of infants continues to occur from accidental asphyxia, both as a result of overlying and for reasons such as pets having access to infants' cots. Health Visitors are constantly advising mothers of dangers in these connections but it is evident that their advice is not always taken and unnecessary risks are run.

The number of live births notified in the County area during the year, corrected according to domicile, was 5,018, and there were also 69 stillbirths. The corresponding figures for 1950 were 5,074 and 96 respectively. The following table gives details of the work undertaken by the health visiting staff and for comparison the figures for last year are given in brackets:—

	Whole-time Health Visitors.		Part-time Health Visitors.		Totals.
Visits to children under 1 ... ..	17,121	(17,426)	19,297	(20,746)	36,418 (38,172)
Visits to children between 1 and 5 ... ..	23,007	(25,674)	24,645	(25,677)	47,652 (51,351)
Visits to Expectant Mothers ... ..	567	(635)	—	( — )	567 (635)
Visits to other cases ... ..	9,612	(6,678)	—	( — )	9,612 (6,678)
TOTALS ... ..	50,307	(50,413)	43,942	(46,423)	94,249 (96,836)

## SECTION 25—HOME NURSING.

At the end of the year there were 12 nurses working in a whole-time capacity as Home Nurses and 82 as part-time Home Nurses. The following table gives a list of the districts with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined:—

NURSING DISTRICT.	GENERAL NURSING.		MIDWIFERY & MATERNITY
	Cases Attended.	Visits Paid.	Total Cases Attended (Average case has 25—30 visits).
Alderbury and Longford ... ..	90	363	20
Amesbury ... ..	55	686	21
Ashton Keynes ... ..	115	1,491	17
Bedwyn, Shalbourne, etc. ... ..	71	361	19
Blunsdon ... ..	186	737	25
Bourne Valley ... ..	309	1,406	14
Box ... ..	336	4,254	5
Bradford-on-Avon—Nurse I ... ..	292	2,071	15
Nurse II ... ..	118	2,257	12
Bratton ... ..	98	605	11
Brinkworth ... ..	46	961	8
Bromham ... ..	195	1,575	11
Burbage ... ..	55	2,477	7
Calne Town—Nurse I ... ..	220	3,181	10
Nurse II ... ..	94	1,302	14
Calne Country ... ..	75	531	12
Castle Combe ... ..	117	1,430	7
Chalke Valley ... ..	66	1,112	23
Chippenham—(Midwifery) ... ..	—	—	45
(General) ... ..	256	2,974	—
Chiseldon ... ..	125	819	26
Codford ... ..	81	548	26
Colerne ... ..	104	723	3
Collingbourne—Nurse I ... ..	68	681	33
Nurse II ... ..	72	356	15
Corsham—(Midwifery) ... ..	—	—	51
(General): Nurse I ... ..	125	1,473	—
Nurse II ... ..	97	2,157	—
Cricklade ... ..	91	332	29
Derry Hill ... ..	80	486	12
Devizes—(Midwifery) ... ..	48	321	48
(General) ... ..	102	4,267	—
Dilton Marsh ... ..	98	894	2
Donhead ... ..	41	459	9
Downton—Nurse I ... ..	67	559	15
Nurse II ... ..	82	530	9
Durrington ... ..	115	665	45
Fonthill ... ..	119	1,107	16
Harnham ... ..	80	1,157	45
Heytesbury ... ..	268	1,567	19
Highworth ... ..	21	306	33
Holt ... ..	132	776	11
Kilmington ... ..	101	1,188	14
Knole (East), Sedgehill and Semley ... ..	48	560	12
Langley Burrell ... ..	63	1,077	14
Lavington ... ..	50	315	13
Lyneham and Clyffe Pypard ... ..	72	425	26
Malmesbury and Hullavington—Nurse I ... ..	73	967	16
Nurse II ... ..	304	3,239	12
Marlborough and Overton—Nurse I ... ..	195	1,676	22
Nurse II ... ..	93	720	16
Melksham—Nurse I ... ..	35	394	24
Nurse II ... ..	41	494	28
Mere ... ..	51	1,221	14
Milton Lilbourne ... ..	111	1,483	8
Carried Forward ... ..	6,047	63,716	962



NURSING DISTRICT.	GENERAL NURSING.		MIDWIFERY & MATERNITY
	Cases Attended.	Visits Paid.	
Total Cases Attended (Average case has 25—30 visits).			
Brought Forward	6,047	63,716	962
Netheravon ... ..	101	369	25
North Bradley ... ..	103	1,533	10
Pewsey ... ..	73	861	7
Pewsey Vale—Nurse I ... ..	58	597	14
Nurse II ... ..	94	408	18
Potterne ... ..	90	830	5
Purton—Nurse I ... ..	43	119	36
Nurse II ... ..	27	114	19
Ramsbury ... ..	320	2,381	18
Salisbury—(Midwifery) (Infirmary Staff: 2 Midwives)	—	—	186
(General): St. Martin's ... ..	127	1,574	—
Fisherton ... ..	142	1,768	—
St. Michael's ... ..	116	1,485	—
St. Edmund's and St. Thomas's ... ..	102	1,874	—
St. Mark's ... ..	113	1,149	—
Bemerton ... ..	126	1,448	—
Seend ... ..	58	962	11
Sherston ... ..	141	1,980	7
Shrewton ... ..	113	963	8
Somerford ... ..	76	1,015	7
Stratton St. Margaret—Nurse I ... ..	58	1,084	35
Nurse II ... ..	58	782	24
Sutton Veny ... ..	54	2,723	10
Tisbury ... ..	141	834	16
Trowbridge—(Midwifery) ... ..	—	—	31
(General): Nurse I ... ..	179	1,679	—
Nurse II ... ..	213	1,652	—
Urchfont ... ..	68	678	17
Wanborough ... ..	41	611	17
Warminster—Nurse I ... ..	185	2,530	24
Nurse II ... ..	359	2,258	16
Westbury ... ..	70	627	31
Whiteparish ... ..	49	503	18
Wilton and Wishford ... ..	121	1,771	39
Winsley ... ..	170	1,524	7
Winterbourne Valley ... ..	101	1,466	13
Winterslow ... ..	411	1,502	13
Woodford ... ..	86	2,186	11
Wootton Bassett ... ..	125	399	39
Wroughton ... ..	95	582	25
Bulford (Military) ... ..	340	1,447	—
Larkhill (Military) ... ..	351	1,807	—
Tidworth and Perham Down (Military) ... ..	202	766	—
TOTALS ... ..	11,547	114,557	1,719

In the interests of economy possibilities of amalgamation due to diminution of cases or other causes are constantly kept under review and, since the end of the year two areas have been re-organised for a trial period of one year and, if permanent, this will abolish two districts.

In the area of the Salisbury Group Hospitals Management Committee the home nurses are receiving direct notifications from the Hospital in considerable numbers, on a special form, of cases requiring their attention, and the scheme is working very satisfactorily. All Hospital Group Management Committees have been provided with lists of home nurses in their respective areas, with a view to similar co-operation throughout the County, but in no other area does any similarly comprehensive and uniform system appear to have been adopted. Some notifications on a form



are made to district nurses from the Royal United Hospital, Bath, and occasionally from other hospitals, but the numbers are so very much fewer than in the Salisbury area that this would appear to be the only area where any really satisfactory degree of co-operation can be regarded as having been attained.

Direct notification to the nurse has proved of great value in allowing her to be in touch with the patient at the earliest possible moment and is of no disadvantage from the point of view of keeping central records as these are completed from the nurses' reports.

## SECTION 26—

### VACCINATION.

During the year 2,962 primary vaccinations and 1,793 re-vaccinations were undertaken by general practitioners, who were paid the agreed fee of 5/- for records received. The figures for 1950 were 1,700 and 814 respectively.

Of this total of 2,962 primary vaccinations, 1,980 related to infants and this represents a percentage of 40 of those born, compared with a figure of 12.9 for 1950. We supplement our propaganda through Health Visitors and Infant Welfare Centres by sending an explanatory leaflet through the post to every mother when her child attains about three months of age. This is later followed up, if necessary, by a special visit by the Health Visitor to urge vaccination if we are not subsequently notified by any practitioner that this has been done.

The very large increase in vaccinations shown by the above figures will be noted, and in particular the remarkable success of our propaganda for infant vaccination.

### DIPHTHERIA IMMUNISATION.

The diphtheria immunisation campaign has been pursued throughout the County but continues to be interrupted during the summer and autumn months by the necessity, as a precautionary measure, to cease immunisation in districts where poliomyelitis becomes prevalent. Some 5,782 primary immunisations and 6,904 reinforcing injections (compared with 3,563 and 3,842 in 1950) were carried out by County Council staff and general practitioners, who continue to co-operate in this work, in connection with which fees, on the same basis as for records of vaccination, are payable. During the year 2,349 records of primary immunisation were received from them. In this connection supplies of prophylactic, which in 1951 totalled 1,475 c.c., are dispatched as required to practitioners, who can of course also obtain supplies through trade channels.

I am very pleased with the co-operation in our scheme given by the general practitioner, and hope that this will grow still further, as it is most desirable that complete records should be held of immunisations undertaken by them, for the purpose of co-ordination with our records and also in order that the necessary reinforcing injections may be arranged when they are due.

Propaganda through Health Visitors and Head Teachers continued and is reinforced by an individual letter to every parent, when the child reaches eight months of age, to urge early immunisation. If necessary this is followed by another letter of reminder and, finally, a special visit by a Health Visitor. Subsequently parents are approached again as children become five and ten years of age, in order to urge that the injections necessary to reinforce immunisation shall be carried out. The results of these intensive efforts in propaganda will be apparent from the figures above.

The following table shows the number of children under the age of fifteen who were protected at 31st December, 1951:—

Number of Children who had completed a full course of Immunisation at any time up to 31st December, 1951:—								
Age at Dec. 31st, 1951, i.e., Born in Year.	Under 1 1951.	1 1950	2 1949	3 1948	4 1947	5-9 1942-1946	10-14 1937-1941	Total under 15.
Number Immunised ... ..	204	2808	3140	3499	3981	18,940	17,991	50,563
Estimated mid-year child population, 1950 ... ..	Children under five, 26,243					Children 5-14, 42,827		69,070



## SECTION 27—AMBULANCE SERVICE.

The County Service has still been based on four Main Stations, namely Bradford-on-Avon, Chippenham, Salisbury and Swindon, with sub-stations at Calne, Devizes, Malmesbury and Marlborough. An additional sub-station was opened in June at The Old Isolation Hospital, Warminster. A portion of these premises was adapted to make an excellent sub-station, which, at the time of writing, has a staff of one Senior Driver and four Driver/Attendants. This sub-station has provided useful cover for a very difficult area.

As soon as the Warminster sub-station was opened, the ambulance at Westbury, which was costing £10 10s. 0d. a week to staff and garage, was withdrawn, and Westbury as well as Warminster is now primarily covered by ambulances from the Warminster Sub-Station. In addition, in view of the scattered population in and around Warminster, a considerable amount of car work arises, and a large share of this is now undertaken by our own staff.

The ambulance work in the Salisbury area is still undertaken on an agency basis by the St. John Ambulance Brigade, but at the beginning of April the County Council set up its own Control Centre in Salisbury with an Assistant Superintendent in charge and two Driver/Attendants to assist him. All requests for journeys, both ambulance and car, are now scrutinised by our own officers. In addition the two Driver/Attendants undertake a considerable amount of car work which previously had to be placed with County Car Pool drivers.

Help has again been received during the year from units of the St. John Ambulance Brigade and the British Red Cross Society, and, of course, from the many drivers in the County Car Pool. Again I feel it is necessary to draw attention to the valuable assistance given by these organizations.

Maintenance and repair has continued on the same lines, the majority of work being undertaken by our own mechanics at Main Stations. I am very pleased to record that, in spite of rising costs of materials during the year, our running costs are still extremely low. The average cost per mile since the inception of the Service and up to September, 1951, making allowance for petrol, oil, tyres, repairs and replacements, still remains between 2½d. and 3d.

Reference was made in my last Report to the fact that the County Ambulance Service would form the nucleus of the war-time Ambulance Service. By the end of the year the majority of the whole-time ambulance driver attendants had received Basic General Civil Defence Training, or were in process of training. The part-time volunteers were also receiving their various forms of training, and at Swindon some of the volunteers have been attending at the Ambulance Station for instruction in station organisation.

During the year we have been giving much consideration to the possibilities of using wireless in the Ambulance Service. I feel that wireless, apart from possible economies, would help considerably on the grounds of efficiency, and would enable our Station Superintendents to keep the fleet of vehicles at a minimum without risk to the general public. At the time of writing a wireless installation of one Main Station and four mobile stations is on loan, and we are putting this type of communication to a severe series of tests.

The increase in the amount of work undertaken by Ambulance Services since the inception of the Health Scheme in July, 1948, has, of course, given much general concern. To a very large extent the amount of work undertaken by Ambulance Services depends upon the amount of treatment given at hospitals, and, furthermore, the greatest proportion of mileage on hospital cases is concerned with out-patient treatments. Methods of treatment particularly in connection with physiotherapy, have advanced rapidly, and further to this, the provision of transport has enabled medical practitioners in country districts to prescribe courses of hospital out-patient treatment which would hitherto have been impracticable on the grounds of cost to the patient.



I have obtained from Hospital Management Committees information regarding out-patient attendances, and the following summary will show the increase during the last two years:—

<i>Hospital Management Committee.</i>							<i>Out-Patient Attendances.</i>	
							1949.	1951.
Bath H.M.C.	...	...	...	...	...	...	80,362	93,370
Mid-Wilts H.M.C.	...	...	...	...	...	...	36,487	44,512
Salisbury Group H.M.C.	...	...	...	...	...	...	107,228	137,155
Swindon and District H.M.C.	...	...	...	...	...	...	107,811	143,015
*West Wilts H.M.C.	...	...	...	...	...	...	41,493	47,818
							373,381	465,870

\*Figures for this area are for the years 1st April, 1949, to 31st March, 1950, and the 1st April, 1951, to the 31st March, 1952.

I should like in this report to pay tribute to the co-operation received from medical practitioners throughout the County. Whenever I have had to approach them regarding what appeared on the surface to be unnecessary transport, I have received every help, and by their readily given assistance cases of abuse have been kept to a minimum.

The following is a brief summary of the work undertaken during the year by the County Ambulance Service:—

		Number of vehicles at 31/12/51.	Total number of journeys during the year.	Total number of patients carried during the year.	Total mileage during the year.
(1)		(2)	(3)	(4)	(5)
Directly provided service	Ambulances ...	21	9,339	17,419	209,508
	Cars ...	19	11,206	30,180	279,236
Agency service(s)	Ambulances ...	5	3,554	4,492	66,157
	Cars	—	—	—	—
County Car Pool and Car Hire	Ambulances ...	5	969	3,238	32,265
	Cars ...	135	20,598	44,591	590,823
TOTALS ...		185	45,666	99,920	1,177,989

## SECTION 28—PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

### A. TUBERCULOSIS.

### B. MENTAL ILLNESS AND DEFECTIVENESS.

{ Reports under these headings are made in the sections dealing with Tuberculosis generally on Page 34 and Mental Health on Page 26.

### C. OTHER TYPES OF ILLNESS.

#### VENEREAL DISEASE.

Any cases referred from V.D. Clinics for following up by Health Visitors to ensure attendance are immediately visited. Very few cases, however, are referred to the County Council.



#### CONVALESCENT TREATMENT FOR PATIENTS NOT IN NEED OF MEDICAL OR NURSING CARE.

A steady flow of recommendations for periods of convalescent treatment in a Holiday Home continue to be received from practitioners, especially during the summer months. It is apparent that patients are not always informed that the County Council requires some contribution in accordance with means to be made towards such treatment. They sometimes refuse vacancies offered and it is not difficult to see that the contribution question has probably deterred them, though the ostensible reason is often that some relative has offered an opportunity to the patient for a holiday in his, or her, home. The distinction between the free convalescence approved by the Hospital Authority for patients needing medical or nursing care and the holiday convalescence offered by the County Council in approved cases not requiring such care, although a necessary one is probably difficult for some patients to appreciate.

During the year 30 cases were sent to nine Homes, the majority of the cases going to the nearer parts of the South Coast. The period of convalescence is normally 14 days, but this is extended, if necessary, on medical recommendation from the Home concerned.

#### D. HEALTH EDUCATION.

Educational posters are used in all the County Council Clinic premises and leaflets and pamphlets in a wide variety of health subjects are distributed. Use is also made of an Exhibition Stand obtained from the Central Council for Health Education.

One of the primary functions of Infant Welfare Centres is, of course, the improvement of health education, and it is through this agency that a large number of these leaflets and booklets are distributed to the public. The accommodation normally available for Infant Welfare Centres in a rural community does not readily lend itself to the giving of lectures by the Medical Officer or Health Visitor at the time the Centre is held but these officers do, of course get many opportunities to disseminate useful advice on health education on a more individual basis.

#### E. PROVISION OF HOME NURSING EQUIPMENT.

The County is now well covered by Medical Loan Depots, in the main run by the St. John Ambulance Brigade or British Red Cross Society in conjunction with the County Council, which accepts financial responsibility for the replacement of worn-out articles or the addition of essential items of equipment.

The praiseworthy voluntary work of the Officers-in-Charge of Depots and their assistants in caring for the equipment and in running these Depots in conjunction with the County Council is of great service to the community. Although calls on the Depots are obviously not continuous, it is essential that there should be someone resident locally in charge of each who is available to make issues at any time of day.

During the year there were 1,449 individual loans from the Depots, which is some measure of the need for the type of equipment supplied. It is felt, therefore, that the facilities cannot be too widely known and that even greater use might be made of them by doctors and nurses. Full particulars of the scheme have been circulated to them when the facilities first became available, and this is supplemented by reminders at intervals.

Small charges, varying from 1d. to 1s. per week according to the value of the article, are made and assist to some extent in securing the early return of the article concerned when no longer needed. There is still some difficulty, however, in securing prompt return and it is sometimes necessary to ask Health Visitors to assist in collecting articles if Officers-in-Charge of Depots have serious difficulty in this connection.

There is also a Central Medical Loan Depot maintained at County Hall for the larger articles of equipment, such as Dunlopillo Mattresses, spinal carriages, commodes, etc.

Seventy-one individual loans were made from Central Store during the year.



The following are details of Medical Loan Depots established in the County:—

Address of Depot.	Name and Address of Officer-in-Charge.
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke.
BRADFORD-ON-AVON. Red Cross Hut, Trowbridge Rd., Bradford-on-Avon	Miss Thomas, 49L, Trowbridge Rd., Bradford-on-Avon.
CALNE. Kingsbury Hall.	The Hon. Mrs. H. Allsopp, Vern Leaze, Calne.
CHARLTON. Red Cross Centre, Donhead.	Mrs. D. Dineley, The Priory, Berwick St. John.
CHIPPENHAM. St. John Ambulance Brigade Headquarters, 1A, Market Place, Chippenham.	Mrs. G. E. Moss, County Cadet Officer, St. John Ambulance Brigade, Watchfield, Rowden Hill, Chippenham.
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston (opened October, 1951).	Mrs. Fribbance, Mayzells, Collingbourne Kingston.
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion, Corsham.	Mrs. D. Peters, Ambulance Sister-in-Charge Medical Com- forts, 8, Paul Street, Corsham.
CORSHAM (2). Red Cross Centre, Pickwick.	Mrs. Joy, 17, The Tynings, Corsham.
CRICKLADE. Red Cross Room, next to Town Hall, Cricklade.	Miss O. Holloway, 79, High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach, Devizes.	Mrs. G. R. Child, Brighstone, The Breach, Devizes.
LAVINGTON. "Homeleigh," High Street, Littleton Panell. (Re-opened January, 1952).	Miss N. Raine, "Homeleigh," High St., Littleton Panell.
LUDGERSHALL. Ingelow.	Mrs. H. Panell, Ingelow, Ludgershall.
MALMESBURY. The Clinic Room, Malmesbury and Dist. Hospital.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury.
MARLBOROUGH. 135, High Street.	Miss W. M. Swatton, "Glenbevan," Forestdale Road, Marlborough.
MELKSHAM. Speedwell, Lowbourn.	Mrs. W. J. Stratton, Speedwell, Lowbourn.
MERE. Tudor Tea Rooms, Mere.	Mrs. L. G. Glaisyer, Causeway End, Mere.
PEWSEY. The Girl Guide Hut, Pewsey	Mrs. H. Snow, Old Swan Cottage, Wilton, Marlborough.
RAMSBURY. Atherton Cottages, Burdett Street. (Incorporated in County Scheme June, 1951).	Mrs. E. R. Greene, Atherton Cottages, Burdett Street, Ramsbury.
SALISBURY. St. John Ambulance Brigade Headquarters, 72, Fisherton Street, Salisbury.	Mr. T. H. Gray, Honorary Secretary, 72 Fisherton Street, Salisbury.



Address of Depot.	Name and Address of Officer-in-Charge.
STRATTON ST. MARGARET. Bramville, Highworth Rd., Stratton St. Margaret.	Mrs. A. C. Shaw, Divl. Supt., St. John Ambulance Brigade, Bramville, Highworth Rd., Stratton St. Margaret.
TISBURY. Red Cross Centre, Tisbury.	Mrs. D. Dineley, The Priory, Berwick St. John.
TROWBRIDGE. Courtfield House, Trowbridge.	Mrs. Mackay, Courtfield House, Trowbridge.
WARMINSTER. 26, Market Place.	Mrs. M. J. Spire, 26, Market Place.
WILTON. Westminster Lodge, The Hollows, Wilton.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel, Wootton Bassett.	Mrs. Hunt, 165, High Street, Wootton Bassett.

## SECTION 29—DOMESTIC HELP.

At the end of the year there were in the County area 195 Home Helps, all engaged on a part-time basis. This number represents a further steady growth in the service which can be more readily appreciated from the following table:—

Year.	Number of Enrolled Home Helps at end of year.	Number of Cases attended during year.		
		Maternity.	Other.	Total.
1948	11	50	7	57
1949	69	57	50	107
1950	147	136	182	318
1951	195	99	275	374

At the time of writing the number of enrolled Home Helps has risen to 219.

Recruits are almost invariably obtained by the County Health Visitors, who are responsible for the detailed working of the scheme in their respective areas. By special recruitment they achieve a surprising degree of success in meeting the need of cases which arise in areas where there may be no staff already enrolled.

As shown above, during the year the service was given in a total of 374 cases. In 128 cases, mostly infirm old people living alone, the period of service exceeded three months and at the end of the year there were 81 such cases receiving help, in a few cases the service having extended for periods considerably longer than three months. This is, of course, a considerable financial burden, as most of them are not in a position to contribute much towards the cost, but on the other hand such cases are those most likely otherwise to require admission to County Welfare Homes or chronic sick beds, which would be a much greater burden on either the County Council or the Hospital Boards. There is no doubt that the Home Help Scheme also saves expense to the Children's Committee in a number of cases where it is possible for part-time help, by covering the domestic work of a household during the mother's illness or confinement, to prevent the necessity for the admission of children to Children's Homes. This is of course only possible when the father is available as in most cases, for early morning and evening care of the children.



A Home Help scheme is necessarily an expensive service compared with some other Health Services but careful administration of the scheme centrally, with the Health Visitors undertaking the detailed work in their own areas, has worked most efficiently, particularly as they have ready access to the patients' homes and a wide knowledge of the inhabitants of their areas which has been particularly useful in connection with recruitment.

The Health Visitors' local knowledge and acquaintance with the household ensures that the service is not abused and, by restricting to the essential minimum the amount of service given in each case, it is often possible for one Home Help to assist as many as three different households simultaneously.

Charges are made for the Service in accordance with the scale approved by the Health Committee, which was itself based on the national scale suggested by the County Councils Association. Persons in receipt only of Old Age Pension, Old Age Pension and Supplementary Pension, or National Assistance, are not expected to make any contribution.

At the end of the year some changes were made in the Health Committee's scale, one of the principal results being a considerable reduction in the charge to domiciliary confinement cases. The Attendance Allowance of £1 per week payable by the Ministry of National Insurance, hitherto claimed as part of the patient's contribution, is now completely disregarded in cases of domiciliary confinement and in addition the assessment itself is reduced by 50%, provided the patient is confined at home.

It will be noted that the number of confinement cases which availed themselves of the service during 1951 fell to 99, as compared with 136 during the previous year, but it is anticipated that the financial change will reverse this trend during the coming year. The change was made to encourage domiciliary midwifery and relieve the pressure on hospital accommodation. Patients entering hospital are, of course, maintained free and the reduction of contribution for help provided for home confinement was therefore considered to be just.

## SECTION 49/51. MENTAL HEALTH SERVICES.

### I. ADMINISTRATION.

#### (a) MENTAL HEALTH SUB-COMMITTEE.

The administration of the Mental Health Services has been carried out by the Mental Health Sub-Committee of the Health Committee and meetings were held in January, June, September, October and December under the chairmanship of Miss M. F. Awdry. Other members of the Committee were:—

MRS. CULVERWELL  
MR. H. T. TOWNSEND  
MISS M. E. MATTHEWS  
MR. F. BALDWIN  
MRS. PELLY  
MRS. KING

THE LADY KATHARINE MCNEILE  
THE LADY RACHEL STUART (Vice-Chairman)  
DR. J. M. C. SPEER  
LT.-GENERAL SIR NOEL BERESFORD-PEIRSE  
MRS. WILLIAMS  
MR. W. H. BURGESS

#### (b) STAFF.

Co-ordination of the services generally has been implemented by the Mental Health Supervising Officer and close co-operation has been maintained between the district Mental Health Officers, their Deputies and the central office at County Hall. Proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts have been carried out efficiently by the staff and prompt attention has been given to cases reported to be suffering from mental illness, both during the day and at night. Three full-time Mental Health Officers, their Deputies and two part-time Mental Health



Officers, all duly authorised, have covered the County and maintained a twenty-four-hour service. The Officers and the areas covered are as follows:—

Chippenham Borough,  
Calne Borough,  
Calne and Chippenham Rural District,  
Malmesbury Borough,  
Malmesbury Rural District.

Mr. R. A. Shadwell. 9 a.m.—5.15 p.m., County Hall, Trowbridge (Telephone: Trowbridge 3641).  
Outside Office hours: 21 Manor Road, Trowbridge (Telephone: Trowbridge 2300).

Swindon Borough,  
Highworth Rural District,  
Cricklade and Wootton Bassett Rural District.

Miss S. Ponting. 9 a.m.—5 p.m., 36 Milton Road, Swindon (Telephone: Swindon 4102/3).  
Outside Office hours: 212 Shrivenham Road, Swindon (Telephone: Swindon 4381).  
Miss H. L. Wellington, Deputy (resigned on 27th March, 1952).

Trowbridge Urban District,  
Bradford-on-Avon Urban District,  
Melksham Urban District,  
Bradford and Melksham Rural District,  
Devizes Borough,  
Devizes Rural District,  
Pewsey Rural District,  
Marlborough Borough,  
Marlborough and Ramsbury Rural District.

Mr. C. J. Lewis. 9 a.m.—5.15 p.m., County Hall, Trowbridge (Telephone: Trowbridge 3641).  
Outside Office hours: 40 Westbourne Road, Trowbridge (Telephone: Trowbridge 2696).  
Miss B. A. Bezzant, Deputy. 9 a.m.—5 p.m., 33 St. John's Street, Devizes (Telephone: Devizes 358).  
Outside Office hours: 20 Wilcot, Pewsey (Tel.: Pewsey 2243).

Warminster Urban District,  
Westbury Urban District,  
Warminster and Westbury Rural District,  
Mere and Tisbury Rural District.

Mr. R. H. G. Moore. 9 a.m.—5.15 p.m., County Hall, Trowbridge (Telephone: Trowbridge 3641).  
Outside Office hours: c/o Tabernacle Cottage, Church Street, Trowbridge (Telephone: Trowbridge 2735).

Salisbury City,  
Wilton Borough,  
Salisbury and Wilton Rural District,  
Amesbury Rural District.

Mr. K. R. R. Dick. 9 a.m.—5 p.m., 48 Blue Boar Row, Salisbury (Telephone: Salisbury 3061).  
Outside Office hours: 5 Western Way, Bemerton Heath, Salisbury (Telephone: Salisbury 4973).  
Miss J. E. Pearce, Deputy. Outside Office hours: 24 Mill Road, Salisbury (Telephone: Salisbury 2979).

When the Officer or Deputy of a certain area has not been available, the Officer in the adjoining area has been contacted and little delay caused in the removal of patients to mental hospitals.

There are a number of ways by which the officers of the Wilts County Constabulary can assist the officers of my department in carrying out their duties under the Lunacy and Mental Deficiency Acts, and invariably when asked for, the closest co-operation has been given to the great advantage of the patients and the public. This co-operation is, moreover, very much appreciated by myself.

Dr. D. L. Johnson, Senior Assistant County Medical Officer, and the other Assistant County Medical Officers have carried out numerous examinations, completed medical certificates and given advice in connection with the ascertainment of mental defectives and their subsequent certification under the Acts.

The Supervisors and Assistants of our four Occupation Centres for Mental Defectives are as follows:—

CHIPPENHAM		Supervisor: Miss I. L. Piper. Assistant: Mrs. A. Webb.
SALISBURY	...	Supervisor: Miss M. E. Hammond. Assistants: Miss R. V. Besant and Miss D. Porter (part-time).
SWINDON	...	Supervisor: Mrs. A. Ponting. Assistant: Miss C. Huck (resigned 28/3/52). Mrs. I. F. Caton (commenced 28/4/52).
TROWBRIDGE	...	Supervisor: Mrs. E. K. Urwin. Assistant: Mrs. E. O. M. Bodmin.



Mrs. M. Mitchell, a member of the central office staff, has also been most helpful by assisting at the Trowbridge Centre in the absence of Mrs. Urwin or Mrs. Bodmin and by acting as escort each day to a number of the children who have to be transported from out-lying districts.

(c) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS.

The services of Dr. J. M. C. Speer, M.D., B.Ch., B.A.O., D.P.M. and Dr. W. M. Pinkerton, M.B., B.Ch., B.A.O., D.P.H., D.P.M., the Medical Superintendent and Deputy respectively of the Roundway Hospital, Devizes, and Dr. J. B. Methven, M.B., Ch.B., Dipl. Psych., the Physician Superintendent of the Pewsey Hospital, have been made available by arrangement with the Regional Hospital Board where a specialist's opinion has been required.

The Psychiatric Out-Patient Clinics of the Regional Hospital Boards are as follows:—

DEVIZES ...	...	Devizes and District Hospital, Devizes. Psychiatrist in charge: J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and Children: Tuesdays weekly from 2.30 p.m.
ODSTOCK ...	...	Odstock General Hospital, near Salisbury. Psychiatrist in charge: J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and Children: Thursdays weekly from 2 p.m.
SWINDON ...	...	Victoria Hospital, Swindon. Psychiatrist in charge: J. M. C. Speer, M.D., B.Ch., D.P.M. Adults and Children: Mondays weekly from 2.30 p.m.
TROWBRIDGE ...	...	Trowbridge and District Hospital, Trowbridge. Psychiatrist in charge: W. M. Pinkerton, M.B., B.Ch., D.P.H., D.P.M. Adults and Children: Tuesdays weekly from 2.30 p.m.

The clinics held at Salisbury and Swindon are also attended by Dr. J. B. Methven.

Psychiatric Social Workers employed by the Roundway Hospital Management Committee supervise patients on trial or boarded out from Mental Hospitals and under a delegated arrangement give after-care to patients discharged.

Periodic visits have continued to be paid to defectives on licence from mental deficiency institutions, by the Mental Health Officers and their Deputies. At the end of the year there were 77 such cases, 35 male and 42 female, and 4 male patients in daily situations from the St. James's Hospital, Devizes. (A small percentage of these cases were on licence outside the County.) In addition, 3 male and 8 female defectives were on licence in this County, who were the responsibility of other Authorities.

Numerous enquiries have also been made by the Mental Health Officers and their Deputies concerning the home conditions of defectives in institutions:—

1. In respect of holidays or prolonged licence.
2. In respect of applications for the discharge of patients' Orders under the Mental Deficiency Acts, and
3. When the renewal of Orders are due for consideration by the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

(d) VOLUNTARY ASSOCIATIONS.

Since the disbanding of the Wilts Voluntary Association for Mental Welfare the visitation of a number of defectives under supervision has been continued by 41 of its former Visitors and their assistance in this respect is much appreciated. Half-yearly reports have been completed for 92 cases.

(e) TRAINING OF STAFF.

During April one of the Mental Health Officers attended a Refresher Course for Duly Authorised Officers. This lasted a week and was arranged by the Department of Preventive Medicine of the University of Bristol.



## II. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

### (a) SECTION 28, NATIONAL HEALTH SERVICE ACT, 1946.

Visits have been paid and help and advice given where necessary to cases referred to the Local Health Authority in accordance with Circular 146/48 of the Ministry of Health. During the year 4 such cases (all male) were reported.

### (b) LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of cases dealt with by the duly authorised Mental Health Officers and their Deputies during the year:—

Area.	Certified.			Temporary.			Voluntary.			Section 20 or Urgency Orders.			Total		Grand Total.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
TROWBRIDGE and DEVIZES ...	§ 25	§ 39	64	1	1	2	10	7	17	11	14	25	47	61	108
SALISBURY ...	5	7	12	—	—	—	22	23	45	11	18	29	38	48	86
SWINDON ...	15	35	50	—	—	—	21	13	34	10	13	23	46	61	107
CHIPPENHAM ...	1	3	4	—	—	—	5	7	12	2	4	6	8	14	22
WARMINSTER ...	1	4	5	—	—	—	2	7	9	3	4	7	6	15	21
TOTALS ...	47	88	135	1	1	2	60	57	117	37	53	90	145	199	344
LAST YEAR ...	51	98	149	—	7	7	48	39	87	23	20	43	122	164	286

§Of these 11 males and 16 females, who were previously admitted to Roundway Hospital, either as Voluntary patients or under Section 20, were later certified at the Roundway Hospital and 1 Broadmoor patient was later transferred to the Health Service class as a certified patient. Also included in the above figures is 1 female who arrived at Lyneham Aerodrome in this County, having been evacuated by air from Germany. She was admitted under Section 20 of the Lunacy Act, 1890, and subsequently transferred to the Northern View Hospital, Bradford, Yorks.

Of the 90 cases admitted under Section 20 or under Urgency Orders, 2 were certified, 14 became Voluntary patients, 7 were discharged, 1 died, and Orders for 66 were extended under Section 21 (a). Of the latter 17 were certified, 40 became Voluntary patients, 6 were discharged, 2 died and 1 was detained as a Temporary patient.

	<i>Certified.</i>	<i>Voluntary.</i>	<i>Discharged.</i>	<i>Died.</i>	<i>Temporary.</i>
Summary ...	19	54	13	3	1

#### TRANSFERS.

The following is a summary of patients transferred from Private Mental Hospitals to Health Service Hospitals:—

<i>From</i>	<i>To</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
The Old Manor, Salisbury ...	Park Prewett Hospital, Basingstoke ...	—	3	3
Do. do. ...	Herrison Hospital, Dorchester ...	1	1	2
Do. do. ...	St. Augustines, Canterbury ...	1	—	1
TOTALS ...		2	4	6

The following Health Service patients were also transferred:—

<i>From</i>	<i>To</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Roundway Hospital, Devizes	Herrison Hospital, Dorchester ...	—	1	1
Do. do.	Northern View Hospital, Bradford ...	—	1	1
Do. do.	Barrow Gurney Hospital, near Bristol	—	1	1
Do. do.	Tone Vale Hospital, Taunton ...	—	1	1
Do. do.	Fair Mile Hospital, Wallingford ...	1	—	1
TOTALS ...		1	4	5

It is perhaps worthy of note that of the 344 cases admitted by the Mental Health Officers and their Deputies, 152 were dealt with either at night or on Saturdays or Sundays.



## (c) MENTAL DEFICIENCY ACTS, 1913-1938.

## (1) ASCERTAINMENT.

Cases reported to the Local Health Authority during the year as being subject to be dealt with under the Mental Deficiency Acts numbered 102. These fall into the following groups:—

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Notified under Education Act, 1944—			
Section 57 (3) ... ..	16	18	34
Section 57 (5)—			
On leaving ordinary school ...	11	7	18
On leaving special school ...	1	2	3
	28	27	55
From other sources ... ..	22	25	47
	50	52	102
TOTALS ... ..			

The number of cases placed under Friendly supervision during the year was 10 Males and 9 Females, giving a grand total of new cases reported of 121.

Orders for the detention of patients in Mental Deficiency Institutions were signed in respect of 52 Wiltshire cases, 33 Males and 19 Females. Of these 7 Males and 1 Female were dealt with by the Courts under Section 8 of the principal Act, 3 Males being placed under Guardianship and one Female at the instance of her father under Section 3 of the principal Act. Petitions prepared under Section 6 of the Act were presented by officers of other Authorities in respect of 11 cases who had, in the first instance, been admitted to hospitals outside the County as in "Places of Safety" in accordance with Section 15 of the Mental Deficiency Act, 1913.

Two petitions were presented by this Authority on behalf of other Authorities in respect of cases who had been admitted to the Pewsey Hospital as in "Places of Safety." In 2 instances petitions were dismissed by the Judicial Authorities.

At the end of the year 10 cases were detained in institutions as in "Places of Safety" either for observation or awaiting subsequent certification under the Mental Deficiency Acts.

In spite of the record number of admissions to institutions during the year great difficulty has been experienced in obtaining vacancies and this has necessitated increased correspondence with the various Regional Hospital Boards and additional visits to appease the often harassed parents of defectives requiring urgent removal from their home environments. On the 31st December, 1951, 17 Males and 26 Females were still awaiting admission to suitable accommodation. Fourteen Wiltshire cases detained in institutions died during the year.

## (2) GUARDIANSHIP.

During the year 3 male cases were placed under Guardianship by Order of the Courts, 1 Male and 4 Females who became unsuitable for guardianship were transferred by Varying Order to institutions and 10 Males and 7 Females were transferred from Institutions to Guardianship. Of the latter, most of the defectives had been on licence for a number of years and it was felt that the supervision afforded by Guardianship would be sufficient. Their names were, therefore, removed from the hospital registers. The Guardian of one male case resigned his position as he was leaving the area and the defective concerned was transferred by Varying Order to the guardianship of the Supervising Officer but licensed to the Potterne Hostel, Devizes, where he is employed on agricultural work.

Two cases died during 1951.

At the end of the year there were 97 cases under Guardianship Orders, viz. 44 males and 53 females. Regular visits have been paid to these defectives by the Mental Health Officers and their Deputies and also by the medical staff in accordance with Article 76 of the Mental Deficiency Regulations, 1948. Where appropriate, financial responsibility has been taken over by the National Assistance Board and only six cases are now receiving maintenance allowances from the County Council.



### (3) SUPERVISION.

At the end of the year, 628 cases, 332 males and 296 females, were under supervision and of these 253 males and 205 females were under statutory supervision. Ten cases were withdrawn from supervision during the year—3 males and 7 females; 8 males and 2 females died and 4 males and 9 females removed from the area or were lost trace of. Five cases were reported to have married and of these 3 were removed from the supervision list.

### (4) TRAINING.

Defectives have continued to derive much benefit and pleasure from attendances at the Occupation Centres and in a number of instances relief has been given to the mothers of children whose names are on the waiting list for institutional care as a matter of urgency, but for whom vacancies have not been available.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, Chippenham, from 9.30 a.m. to 3.30 p.m. and there were 7 males and 9 females on the register at the end of the year. As usual the annual Christmas party was much appreciated.

At Salisbury new premises have been obtained at Exeter House, 113 Exeter Street, Salisbury, and these were occupied after the Christmas recess. Nine males and 15 females were on the register at the end of the year and attended daily from 9.30 a.m. to 3.30 p.m. In addition to the annual Christmas party a trip was also arranged to Sandbanks during the Summer. With more accommodation at the new premises and with additional staff the numbers attending will be substantially increased and the curriculum extended to cover domestic duties and gardening for the older high-grade girls and boys. In addition it will be possible to group the defectives into classes of appropriate mental ages.

Trowbridge Centre is still functioning under far from ideal conditions at Emmanuel Chapel Schoolroom, Duke Street, Trowbridge, but it is hoped to obtain more suitable accommodation in the near future. This Centre is also open from Mondays to Fridays, inclusive, from 9.30 a.m. to 3.30 p.m. and had on its register at the end of the year 15 males and 8 females. Much interest has been shown by the higher-grade defectives in the making of lamp-shades, purses, etc., from crinoline, and segregation into mental age groups, only possible in better accommodation, would give the Supervisor greater scope for instructing the defectives and extending this side of the training. A party was also arranged at Christmas at this Centre.

The Swindon Centre at 81 Bath Road, Swindon, with 12 males and 22 females on the register at the end of the year is also held daily from 9.30 a.m. to 3.30 p.m. Gardening by some of the older children is an added interest in the varied curriculum. As is usual at this Centre, the children were taken to the pantomime instead of having a Christmas party.

At each Centre free milk is supplied to those under 16 years of age in accordance with the Milk in Schools Scheme and by arrangement with the School Meals Service hot midday meals are provided at a cost of 7d. a meal to each defective, the balance being paid by the Local Health Authority. When possible routine medical and dental inspections have been carried out at each Centre and Dr. Urquhart, the Medical Officer of Health at Swindon, has been helpful in arranging the examinations at the Swindon Centre.

The Ambulance Service has continued to provide transport for the conveyance of children to and from the Centres when and where necessary.

### (5) HOME TEACHING.

The Deputy Mental Health Officers at Devizes, Salisbury and Swindon have visited defectives for the purpose of providing home teaching in instances where, for various reasons, it has not been possible to arrange their attendance at an Occupation Centre. Twenty defectives were receiving visits at the end of the year.



## OTHER SERVICES

## NOTIFICATION AND TREATMENT OF OPHTHALMIA NEONATORUM AND PUERPERAL PYREXIA.

Cases of ophthalmia neonatorum, notifiable directly to the County Council, numbered two during the year, one being born at home and one in an institution. The domiciliary case was treated at home, and in both cases there was no impairment of vision.

Twenty-three cases of puerperal pyrexia were notified during the year, three domiciliary and twenty institutional.

As the County Council remains responsible for the supervision of midwives working in hospital, inquiries are made when infectious conditions are notified in Maternity Wards to ensure that every precaution is taken by midwives against the risk of conveyance of infection. The position is, however, a most unsatisfactory one as the County Council has no other control whatsoever in these Wards.

## INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR HOSPITAL BEDS.

The County Council has always been willing and anxious to co-operate with Hospital Management Committees by investigating the home circumstances of patients applying for maternity beds, with a view to determining those who need priority of admission, and an arrangement has now been reached with the Salisbury Hospitals Group Management Committee for the Council also, so far as their area is concerned, to advise on the order of admission of cases to chronic sick wards.

## (a) MATERNITY BEDS.

In spite of the Ministry's circular in August to Hospital Authorities urging that the advice of the Medical Officer of Health of the local Health Authority should be obtained on social factors where applications for maternity beds are based on these grounds, not all Maternity Hospitals in the County seek the County Council's co-operation in this respect, though most avail themselves readily of it. The following table shows the work done in this connection during the year.

Maternity Hospital.	Number of patients whose social conditions were investigated by County Council.	Number recommended for priority of admission.	Number not so recommended.
Bradford-on-Avon Maternity Hospital ...	19*	19	—
Greenways Maternity Hospital, Chippenham ...	56	41	15
Devizes Maternity Hospital ...	81	78	3
Malmesbury Maternity Home ...	—	—	—
Salisbury General Infirmary ...	101	97	4
Savernake Hospital ...	14	11	3
Swindon Maternity Home ...	158	127	31
Trowbridge and District Hospital ...	14	13	1
Cirencester Memorial Hospital ...	10	10	—
Frome Hospital ...	7	5	2
Fordingbridge Cottage Hospital ...	2	2	—
Cotswold Nursing Home, Tetbury ...	1	1	—
TOTAL ...	463	404	59

\*These cases were not referred to the County Council from the hospital, but investigated following the receipt of applications from the patients themselves.



In the case of patients whose admission to hospital was not recommended, every assistance in arrangement of confinement at home was given, both from the domiciliary Midwifery Service and the Home Help Service.

#### (b) CHRONIC SICK BEDS.

During the year the Salisbury Group Hospitals Management Committee referred 40 cases for investigation. In 19 priority of admission was recommended after careful investigation, and in the remainder no special need for priority was found but frequently it was possible to be of help to the patient by providing home help.

It is to be hoped that every Hospital Management Committee may follow the example of the Salisbury Hospitals Management Committee in using the help freely offered by the County Council in this way. The fact must not be overlooked, however, that these additional services add to the strain on our limited qualified health visiting staff, who undertake all these investigations and whose numbers cannot be augmented as quickly as is desirable owing to financial stringency.

#### REGISTRATION OF NURSING HOMES.

During 1951 no new applications for registration were received.

At the end of the year there were 10 Homes in active use on the register, providing 41 maternity and 62 other beds.

Regular inspection of the active Homes continued to be carried out by the Deputy County Medical Officer and the Nursing Officers.

#### NURSERIES AND CHILD MINDERS ACT, 1948.

One private Nursery, attached to a Factory, was registered throughout the year for 25 places, but has since been closed. Whilst open it was periodically visited and the children in the Nursery given the benefit of regular medical inspection and also dental inspection and treatment at intervals, as in the case of the County Council Nurseries.

#### REGISTRATION OF NURSING CO-OPERATIONS.

No application for registration was received during the year. One co-operation previously registered remained in operation.

#### BLIND.

The registration of blind has remained a function of the Health Department and during the year 113 cases were certified as blind, the total on the register at the end of the year being 712. In addition 36 persons were registered as partially sighted, a category newly introduced for registration during the previous year. A considerable number of persons formerly on the observation register are gradually being examined or re-examined with a view to being added to the Partially-Sighted Register. Each must first be certified by an Ophthalmic Surgeon at County expense, but, when added to the register, is entitled to similar benefits under the County Welfare Committee's Scheme as are accorded by that Committee to the blind.

#### EXAMINATION OF MEDICAL REPORTS FOR SUPERANNUATION PURPOSES.

During the year 253 medical reports were considered in respect of the admission of County staff to the Superannuation Scheme. Of this number 12 were not approved, but 33 were passed for temporary appointments for review later as to fitness for entry to superannuation. The remaining 208 were passed as fit for permanent superannuable posts.

Eight certificates were issued in connection with the award of breakdown pensions in respect of staff who were found on investigation to be incapable of discharging efficiently the duties of their employment by reason of permanent ill-health.



## TUBERCULOSIS

The responsibility of the Wilts County Council in regard to tuberculosis relates to prevention and after-care. Treatment is undertaken by the various Regional Hospital Boards covering the County.

The following report is confined mainly to statistical and other information concerning those sections of tuberculous work still within the jurisdiction of the County Council.

## NOTIFICATIONS.

The following table gives information of the number of primary notifications, pulmonary and non-pulmonary, received during the year 1951:—

Age Periods.	Number of Primary Notifications of New Cases of Tuberculosis, 1951.													TOTAL.
	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	
Pulmonary: Males ...	1	—	4	7	2	13	11	40	30	21	35	13	1	178
Pulmonary: Females ...	2	2	4	2	6	10	28	50	19	5	7	2	1	138
Non-Pulmonary: Males ...	—	—	7	21	4	1	5	3	3	1	1	1	—	47
Non-Pulmonary: Females ...	—	1	4	10	5	1	5	5	6	1	1	1	—	40

The figures show an increase over the previous year in the number of cases of pulmonary tuberculosis reported, 316 compared with 288 in 1950.

An increase is shown also in the figures for non-pulmonary tuberculosis, 87 compared with 68 in 1950.

It is difficult to say for certain the reason for the increase, but it is probable that as regards pulmonary cases it is due to improved case finding by Mass Radiography and improved follow up of contacts.

As regards non-pulmonary tuberculosis, the increased figure probably indicates improved notification, particularly in general and district hospitals. Most of the cases are those relating to minor glandular conditions amongst children, numbers of whom receive treatment in hospitals without coming to the notice of the Chest Physician, at least until their discharge to their homes.

The tendency noted in previous years (with the exception of 1950) for the notifications of male patients to increase, continued in 1951. The numbers of female pulmonary patients notified remained much the same. The higher incidence in the later age groups continued amongst male patients, 70 notifications occurring in the age groups 45-65 and over.

In addition to the primary notifications shown in the foregoing table, 76 other notifications were received, 58 of which were transfers from other areas, 15 were non-notified cases discovered from the Death Returns received from the District Registrars, one was a posthumous notification, and the remaining two related to persons usually resident in Wiltshire, who died elsewhere, and had not been known to suffer from tuberculosis whilst living in the County.

Most of the non-notified cases died in general hospitals, having been admitted for some other complaint, and the diagnosis discovered as a result of post-mortem examination. Three of the deaths, however, were due to tuberculous meningitis.

Unless there is good reason to the contrary, all cases notified are followed up by the Health Visitor, who stresses the necessity of the patient co-operating with the Chest Physician's instructions, and advises regarding hygiene in the home, prevention of the spread of infection, examination of contacts, and general social welfare.



The following table shows the number of primary cases of tuberculosis, pulmonary and non-pulmonary, notified in the post-war years 1946-1951:—

Year.	Pulmonary.	Non-Pulmonary.	Total.
1946	255	96	351
1947	281	92	373
1948	299	105	404
1949	315	111	426
1950	288	68	356
1951	316	87	403

In 1938, the notifications were 188 pulmonary, and 105 non-pulmonary, making a total of 293.

During the war years 1939-1945 the annual total was around 400 notifications, with the exception of 1944, when a peak figure approaching 450 was reached.

Many conclusions can be drawn from the above figures, not all necessarily accurate. It seems safe to say, however, that the general increase in the number of pulmonary cases notified is due to improved notification, examination of contacts, Mass Radiography, and the greater consciousness of the public of the facilities available for diagnosis and treatment. It is by no means certain that the figures denote a greater incidence of tuberculosis in the County, although the war years, with the influx of evacuees and ex-Service cases, did show a considerable increase in the number of cases reported.

During 1951 records were kept showing the prevalence of tuberculosis in different areas of the County, and amongst the various occupations of persons resident therein. No particular area can be said to show a much greater distribution of cases than others, although naturally the industrial Urban Areas have more cases than the Rural Areas, in some of which there are very few tuberculous persons. To balance this the population covered is larger and more concentrated in the Urban Areas.

Occupations show a great diversity, there being 71 different occupations amongst the 178 pulmonary male persons notified, and over 20 amongst the 138 pulmonary females. No special occupation, however, can really be said to be more liable to tuberculosis than any other, as far as Wiltshire is concerned.

#### EXAMINATION OF CONTACTS.

The number of contacts of tuberculous patients first seen during 1951 was 735, compared with 635 in 1950, and 547 in 1949. The following table shows the results of investigation of these cases:—

	Pulmonary.			Non-Pulmonary.			Totals.			Grand Totals.
	M.	W.	C.	M.	W.	C.	M.	W.	C.	
Diagnosed as Tuberculous ...	12	13	10	—	—	4	12	13	14	39
Non-Tuberculous ...	—	—	—	—	—	—	124	228	307	659
Diagnosis not completed by 31/12/50 ...	—	—	—	—	—	—	9	7	21	37

The steady increase in the number of contacts examined is noteworthy. From a reference to the notification table it will be seen that for every actual case reported approximately two contacts have been examined, and that of these contacts 39 were discovered to be suffering from tuberculosis. There is, however, no room for complacency regarding this matter, and every effort is being made to increase still further the number of contacts examined, and to probe to the utmost the source of infection in all cases.

#### DEATHS.

During the year 1951 there were 78 deaths from tuberculosis, 68 pulmonary and 10 non-pulmonary. This compared with 102 deaths in 1950.

The death rate from all forms of tuberculosis for the year 1951 was 0.20 per thousand of the population, compared with 0.26 in 1950. The pulmonary death rate was 0.18 per thousand of the population, and for non-pulmonary 0.02 per thousand.

The death rate for England and Wales from all forms of tuberculosis was 0.31 per thousand of the population, compared with 0.36 in the previous year. The tuberculosis death rate in Wiltshire thus still remains considerably below the national rate, as might be expected having regard to its largely rural area.

The following table shows the deaths from tuberculosis registered in the County from 1946 to 1951:—

Year.	DEATHS.		Total.
	Pulmonary.	Non-Pulmonary.	
1946	110	16	126
1947	102	19	121
1948	108	23	131
1949	91	12	103
1950	94	8	102
1951	68	10	78

The fall in the number of deaths seems to be accelerated by the introduction of the newer methods of chemotherapy.

#### HOUSING.

The responsibility for the provision of housing rests with the various District Councils, but during the year 78 tuberculous cases were referred by the Chest Physicians to these authorities recommending the provision of better housing accommodation, according to the degree of infectivity of the persons concerned.

As noted in previous reports three different types of certificates are issued:— No. 1 in sputum positive cases as an urgent measure for the prevention of infection; No. 2 where the case is not sputum positive, but better housing would be desirable in order to improve and maintain the patient's health, and No. 3 where improved housing would be beneficial, but is not an urgent matter.

The 78 cases which were referred in 1951 were classified as follows:—

No. of Cases referred, and Certificate issued.	No. of Houses provided.	Other satisfactory arrangements made.	Died, Left County, or Withdrawn.	Houses not yet provided.
Certificate No. 1 ... 28	10	2	4	12
Certificate No. 2 ... 44	19	—	2	23
Certificate No. 3 ... 4	2	—	—	2
Referred without a certificate 2	1	—	—	1
TOTALS ... 78	32	2	6	38



Since 1949, when the issue of these certificates to housing authorities was commenced, 267 cases have been referred to the local authorities. It is known that in 141 cases the patients have been re-housed, in six instances other satisfactory arrangements have been made, and in three cases building licences have been granted. In 37 other cases the patients have died or the applications for re-housing have been withdrawn. There remain about 80 cases where re-housing has not so far been found possible or essential.

Many District Medical Officers of Health have shown great interest in this matter, and their respective Councils have given much help in this vital problem, particularly in view of the general difficulties in housing at the present time.

#### HEALTH VISITING OF PATIENTS.

In addition to the numerous visits made to the homes by the Chest Physicians, the County Health Visitors paid nearly 2,000 visits to patients during the year.

#### GENERAL AFTER-CARE WORK.

Under this heading extra nourishment in the form of free grants of milk, beds and bedding, were supplied to a number of patients whose financial circumstances justified such action, sputum flasks were issued, Home Helps arranged where available, and shelters erected where conditions were suitable.

The County Branch of the British Red Cross Society has given great assistance in many ways in the care of the tuberculous patient, more particularly for ex-Service men. Numerous food parcels and articles of clothing have been supplied.

#### DIVERSIONAL THERAPY.

This scheme was continued whereby the County Council makes a grant to the Wiltshire Branch of the British Red Cross Society to enable them to provide materials for suitable tuberculous patients to undertake diversional therapy in their own homes. By the end of the year 113 cases had been referred to the Red Cross Society since the inception of the scheme, and were engaged in rug making, toy making, leather work and weaving, etc. Library fees in respect of reading facilities for certain patients were also paid to the Hospital Librarian of the Red Cross Society.

Many patients find this scheme of great benefit in providing occupation during the time they are forced to remain confined to their homes whilst awaiting Sanatorium treatment, or after such treatment has been received, and until they are fit to resume work.

The scheme is run very efficiently and economically by the Welfare Officer of the Wiltshire Branch of the British Red Cross Society and her Visitors, to whom suitable cases are referred by the Chest Physicians.

#### ADOPTION OF CHILDREN ACT, 1926.

Co-operation has been maintained with the Children's Department of the Council, and the Chest Physician is asked by the Children's Officer whether persons wishing to adopt children are known to be suffering from tuberculosis before their applications for legal adoption are considered.

The Children's Officer is requested by the Chest Physician to arrange for the removal of children of infected parents to Children's Homes under certain circumstances, particularly where such action is necessary to enable the mothers to receive Sanatorium treatment, which they would otherwise be unable to undergo, where the children could not properly be looked after at home upon the discharge of a patient from Sanatorium or other cause, or where it is necessary to segregate children whilst they receive B.C.G. vaccination.

#### EMPLOYMENT OF TUBERCULOUS PATIENTS.

Liaison with the Disablement Resettlement Officers of the Ministry of Labour in regard to the employment of tuberculous patients has been satisfactory.



## FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.

The Chest Physicians have continued to issue certificates for the use of National Assistance Boards to enable patients to receive extra financial help to which they may be entitled during the course of their illness.

## PROTECTION OF CHILDREN FROM TUBERCULOSIS.

Arrangements were continued for the protection of organised groups of children against the risk of infection from adults suffering from tuberculosis.

As regards the Health Committee the staffs at the various Day Nurseries were medically examined and x-rayed, and for the Children's Committee the staffs at Children's Homes.

Little difficulty was experienced in regard to the examination and x-ray of new applicants to staffs, but the annual chest x-ray examinations by the Mass Radiography Units could only be undertaken in those areas where the Units functioned.

No evidence of active tuberculosis was discovered in any new applicant to the staffs.

## B.C.G. VACCINATION.

This scheme is divided into two sections. The first relates to work undertaken on behalf of the County Council in regard to prevention, e.g., contacts of actual cases of tuberculosis. The second section is that undertaken on behalf of the Regional Hospital Boards in connection with the nursing and other staffs at hospitals.

Both clinically and administratively the work is intricate in character, and involves much preliminary investigation on the medical side before vaccination can be undertaken, whilst from the administrative standpoint the timing of the vaccination depends upon the arrival of the vaccine from Denmark, which must be used within 14 days of manufacture.

The following statistics show the work carried out in the two sections from the commencement of the scheme until the 31st December, 1951:—

	No. Vaccinated.	No. who Refused Vaccination
(a) Contacts ... ..	137	3
(b) Hospital Staffs ... ..	101	9
TOTALS ... ..	238	12

It is not possible to give the actual number of contacts who received preliminary tests, as this work is done at the Clinics as a routine measure. In regard to the hospital staffs, 451 positive reactions were obtained to the preliminary tests and vaccination was, therefore, unnecessary. Taking the total number of hospital staffs tested this means that about 80% showed a positive reaction.

An annual follow-up of all vaccinated cases for re-testing is now being undertaken.

Whilst the work in connection with hospital staffs may show a decline, except in those institutions such as Salisbury General Infirmary, Swindon Victoria Hospital and Notton House, Lacock, where there are nursing training schools, that in connection with contacts is likely to increase in future years.



The following sections of the tuberculosis work are the responsibility of the Regional Hospital Boards, but short summaries are given as a matter of general interest.

#### MASS RADIOGRAPHY.

The Mass Radiography Units are operated by the Regional Hospital Boards. During the year 1951 these units functioned at various places in the County, and the table gives particulars of the work undertaken:—

Area Served.	Persons Examined.	Persons Referred to Chest Physicians.
Calne, Corsham, Lyneham, Chippenham and Malmesbury ...	3,583	29
Salisbury ... ..	5,208	40
Trowbridge ... ..	1,870	15
Melksham ... ..	2,745	40
TOTALS ... ..	13,406	124

The classification of the results of the examinations of the 124 cases referred to the Chest Physicians is as follows:—

Active Pulmonary Tuberculosis	...	...	43
Inactive Pulmonary Tuberculosis	...	...	20
Observation cases ... ..	...	...	18
Non-tuberculous chest conditions	...	...	6
Non-tuberculous ... ..	...	...	37
			<hr/> 124 <hr/>

Of the 43 cases with active pulmonary tuberculosis, 17 were recommended for sanatorium treatment.

#### CHEST CLINIC ATTENDANCES.

The attendances at the various Chest Clinics during the year were as follows:—

	Men.	Women.	Children.	Total.
Salisbury ... ..	1,419	1,614	1,104	4,137
Trowbridge ... ..	832	704	487	2,023
Swindon ... ..	2,489	2,319	1,230	6,038
Corsham ... ..	351	341	347	1,039
Devizes ... ..	201	178	131	510
Savernake ... ..	81	82	88	251
TOTALS ... ..	5,373	5,238	3,387	13,998

The growth of the work at the Chest Clinics is indicated by the figures for the years 1941, 1946 and 1951, i.e., at intervals of five years.

Year.	Attendances.
1941	3,681
1946	7,620
1951	13,998

#### INSTITUTIONAL TREATMENT.

During the year 1951 the number of tuberculous cases admitted to sanatoria and hospitals was 455, and 233 patients were already in Institutions on the 1st January, 1951. Some of these patients were from areas outside the County of Wilts.

Owing to the opening of beds at the Swindon and Trowbridge Isolation Hospitals, and the use of accommodation outside the County, it is satisfactory to report that the waiting list for Wiltshire patients has been considerably reduced. Whereas in previous years it was not unusual for patients to wait up to six months for admission to institution, it is rare now for the waiting period to be more than three months. It is to be hoped that this improved state of affairs will continue, but it depends largely upon the incidence of the disease and the ability to maintain adequate nursing staffs at the institutions.

Increased facilities are also available for the surgical treatment of tuberculous and non-tuberculous chest conditions at Frenchay Hospital, Bristol, for cases from the South Western Region, at Peppard Chest Hospital and the Churchill Hospital, Oxford, for cases from the Oxford Region, and at the Southampton Chest Hospital for cases from the South West Metropolitan Region.

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#### GENERAL.

##### (a) MEDICAL STAFF.

The Chest Physicians are Officers of the Regional Hospital Boards, but by agreement undertake duties on behalf of the County Council in connection with the prevention of tuberculosis. For financial purposes 3/11th of their salaries and other expenses are chargeable to the County Council.

Three Chest Physicians serve the County area, viz.:

Dr. J. S. Harper,	Consultant Chest Physician.
Dr. A. C. Molden	Senior Hospital Medical Officer.
Dr. E. O'Donovan	Senior Hospital Medical Officer.

##### (b) CLERICAL STAFF.

The clerical work in connection with the tuberculosis scheme is undertaken by the administrative staff at County Hall, Trowbridge, who serve both the County Council and the Regional Hospital Boards on an equal basis, 50% of the salaries being paid by the County Council and the remaining 50% by the Boards.

This arrangement as regards both medical and clerical staff appears to be an ideal solution of a difficult problem, ensuring as it does that the work at the Chest Clinics on the diagnostic and treatment side is fully integrated with that of the local Health Authority as regards prevention and after-care. The Ministry of Health, in a recent circular, has stressed the necessity for the existence of such close co-operation.



## SANITARY CIRCUMSTANCES OF THE COUNTY.

## WATER SUPPLY.

The general monthly rainfall in inches during the year was as follows:—

January ...	3.4	May ...	3.2	September ...	3.8
February ...	5.3	June ...	.8	October ...	.9
March ...	4.1	July ...	1.3	November ...	8.4
April ...	3.6	August ...	5.2	December ...	3.2
Total for 1951: 43.2 inches.					

## THE WATER SUPPLIES AND SEWERAGE ACT, 1944.

Rural Authorities continue to show considerable activity in the preparation of water supply improvement schemes. Twenty-four further schemes were submitted for observation during the year. The progress of the actual work in the field has again been retarded as a result of delayed delivery of pipes and pumping plant, and the extreme shortage of reservoir steel. Nevertheless, 13 schemes were completed during 1951, bringing the total of completed post-war schemes to 35, which has involved the development of eleven new sources of supply, the construction of 3 reservoirs, and the laying of 140 miles of mains.

The following table shows the work up to the end of the year under review:—

Position at 31st December, 1951.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
<b>AMESBURY.</b>				
Outline Schemes ... ..	5/6/45	27/11/50	£235,000	Shrewton and Newton Toney bore-holes sunk.
Amesbury-Durrington ... ..	20/7/48	16/2/49	(D) £3,289	Completed.
Amesbury-Riverside Avenue ...	24/1/51	3/1/51	£590 Exchequer grant £150.	Awaiting pipes.
Figcheldean ... ..	25/10/49	3/4/50	(D) £2,395	Work in progress.
Rollestone Road, Shrewton ...	25/6/49	21/11/50	(N) £740	Awaiting pipes.
Tilshead ... ..	20/4/50	28/4/49	(D) £3,136	Completed.
<b>BRADFORD AND MELKSHAM.</b>				
Atworth ... ..	9/7/47	24/3/48	£24,200 Exchequer grant £4,500.	Completed.
Farleigh Wick ... ..	9/7/47	22/11/50	£3,285	Completed.
Beanacre ... ..	27/8/46	27/3/47	£2,956 Exchequer grant £200.	Completed.
Turleigh ... ..	29/4/48	28/7/48	(N) £535	Completed.
<b>CALNE AND CHIPPENHAM.</b>				
Eastern Area ... ..	19/7/50	—	£120,300	
Western Area ... ..	15/10/47	14/9/47	(D) £31,622	50% Completed.
Goodshill Pumping Plant ...	11/10/51	14/9/51	(N) £3,200	
Stockley ... ..	11/10/51	—	£4,300	

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
<b>CALNE AND CHIPPENHAM (Cont'd.)</b>				
Avon ... ..	11/10/51	—	£2,000	
Goatacre ... ..	11/10/51	—	£1,760	
Broomfield ... ..	11/10/51	—	£360	
Long Dean ... ..	11/10/51	—	£1,220	
Ditteridge ... ..	11/10/51	—	£1,230	
<b>CRICKLADE AND WOOTTON BASSETT.</b>				
Regional Scheme ... ..	24/7/51	—	£114,950	Source developed at Ashton Keynes.
Bradenstoke ... ..	12/2/48	3/1/47	£3,950	Completed.
Chaddington ... ..	17/1/51	18/11/50	£3,661	Completed.
<b>DEVIZES.</b>				
Outline Schemes ... ..	15/10/47	—	£248,720	
Potterne Link ... ..	20/7/48	20/7/48	(D) £1,700	Completed.
Nursteed ... ..	12/2/48	9/11/48	(D) £1,461	Completed.
Relaying defective mains ... ..	27/7/48	16/12/48	£6,200	Completed.
South Eastern Scheme—Chirton Bore ...	21/6/46	22/1/49	(D) £1,871	Completed.
South Eastern Scheme—Mains and Reservoir.	1/11/51	—	£85,140	
Erlestoke ... ..	12/2/48	20/7/49	(D) £3,775	Provisional starting date 1/1/52.
Great Cheverell Augmentation Bore-hole	17/10/50	9/1/51	(N) £6,350	Pilot Bore completed.
North Eastern Area—				
(a) Main Scheme ... ..	25/10/49	—	£42,900	Inquiry held 16/5/51. Scheme being revised.
(b) Bishops Cannings & Roundway	29/6/49	14/9/49	£6,360	Tenders invited for Roundway section.
<b>HIGHWORTH.</b>				
Outline Schemes ... ..	3/5/46	—	£125,424	
South Marston ... ..	4/12/47	8/5/48	(D) £4,005	Completed.
Badbury ... ..	4/12/47	6/5/48	(D) £3,225	Completed.
Hannington ... ..	15/5/51	5/3/47	(D) £5,573	Completed.
Blunsdon and Crouch Lane, Highworth.	—	6/2/46	(D) £2,328	Completed.
Little Hinton ... ..	8/4/49	18/2/49	(D) £5,051	Completed.
Little Hinton Extension ... ..	14/4/50	23/9/50	(D) £500	Completed.
Hyde Road and Kingsdown Lane, Blunsdon.	16/6/48	7/2/49	(D) £3,571	Completed.
Northern Area ... ..	1/11/51	—	£26,600	



<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
<b>MALMESBURY R.D.</b>				
Outline Schemes ... ..	21/5/46	—	£128,000	
1. Hill House to Lea. Dauntsey to Great Somerford.	15/10/47	11/2/48	(D) £8,100	Completed.
2. Corston and Rodbourne. Spring mains and pumping plant.	30/4/48	14/12/48	(D) £14,500	Mains completed.
3. Somerfords ... ..	1/7/49	1/4/50	(D) £19,350	Pipes delivered.
3A. Rodbourne Tower ... ..	3/4/48	21/9/50	(D) £16,770	90 % Completed.
4. Sherston and Pinkney ... ..	25/10/49	14/9/49	£4,668	Completed.
5. Luckington ... ..	24/7/51	11/4/51	(D) £1,414	Pipes ordered.
6. Charlton and Garsdon ... ..	1/7/49	23/4/51	(D) £66,680	Pipes ordered.
7. Alderton ... ..	30/4/48	7/3/51	(D) £673	Pipes ordered.
8. Norton ... ..	24/7/51	6/4/50	(D) £1,033	Pipes ordered.
9. Brokenborough ... ..	24/7/51	26/4/49	(D) £4,120	30 % Completed.
10. Hullavington Extension ...	24/7/51	6/7/51	(D) £1,044	
<b>MALMESBURY BOROUGH.</b>				
Improvement Scheme ... ..	16/1/51	6/7/51	£24,300	
<b>MARLBOROUGH AND RAMSBURY.</b>				
Avebury Scheme ... ..	11/5/46	28/5/48	£130,000 Exchequer grant £32,000.	70 % Completed.
Ogbournes ... ..	6/2/47	26/3/47	£18,000 Exchequer grant £6,000.	Completed.
Stokke and Warren ... ..	30/4/48	26/1/49	£3,978 Exchequer grant £1,000.	Completed.
Bedwyn and Shalbourne ... ..	6/2/47	—	£78,700	
Savernake Hospital Area ... ..	2/5/51	9/4/51	£4,582 Exchequer grant £500.	Wayleaves being negotiated with Forestry Commission.
<b>MERE AND TISBURY.</b>				
Regional Scheme ... ..	21/5/46	—	£200,000	Source developed.
Mere Reservoir ... ..	12/2/48	6/8/48	(D) £7,871	Completed.
<i>Part II.</i>				
Mere, Knoyles, Donhead, Swallow- cliffe, S. Mandeville.	10/4/51	23/2/51	£31,018	Contract signature awaited.
<i>Part III.</i>				
Zeals, Kilmington, Stourton ... ..	10/4/51	—	£42,305	
Mere Pumping Station Plant ... ..	21/5/46	16/3/51	£27,910	Tenders invited.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
<b>PEWSEY.</b>				
Outline Schemes ... ..	9/7/47	—	£240,228	
Wootton Rivers ... ..	9/7/47	13/10/48	£2,638 Exchequer grant £1,250.	Completed.
Chute ... ..	9/7/47	13/10/48	£14,865 Exchequer grant £5,500.	Completed.
Collingbournes ... ..	9/7/47	15/2/50	£32,225 Exchequer grant £7,000.	Mains 95% completed. Reservoir 30% completed.
Compton Borehole ... ..	5/1/51	14/9/50	£2,098	Completed.
Burbage ... ..	24/7/51	—	£29,300	
<b>SALISBURY AND WILTON.</b>				
Outline Schemes ... ..	21/5/46	—	£293,000	
Ebbesbourne Wake ... ..	30/4/48	7/3/46	£1,200	Completed.
Fovant ... ..	30/4/48	6/9/49	£13,430	Completed.
Wylve and Steeple Langford ...	9/7/47	19/7/49	£16,154 Exchequer grant £150.	Wylve completed. Work in pro- gress at Steeple Langford.
Britford ... ..	20/7/48	29/9/50	£3,900 Exchequer grant £350.	Starting date 1/1/52.
Quidhampton and Netherhampton ...	25/10/49	27/1/51	£5,300 Exchequer grant £650.	Starting date 1/7/52.
Farley and East Grimstead ... ..	25/10/49	13/2/50	£11,807	
Laverstock ... ..	3/5/51	—	£6,650	
<i>South Western Area.</i>				
Dinton, Barford, Compton Chamber- layne, Burcombe.	24/10/50	—	£48,000	
<b>TROWBRIDGE AND MELKSHAM WATER BOARD.</b>				
Trunk Main, Corsham to Melksham	1/7/49	4/6/48	(N) £17,500	Completed June, 1950.
Sandridge ... ..	3/2/50	23/1/51	(N) £4,614	Provisional starting date June, 1952
Semington ... ..	3/2/50	15/11/50	£2,995	Provisional starting date Decem- ber, 1951.
Southwick ... ..	3/2/50	24/7/50	£2,232	Provisional starting date January, 1952.
Brokerswood Extension ... ..	10/11/50	22/1/51	£6,235	Provisional starting date July, 1952



<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
WARMINSTER AND WESTBURY. N.E. Regional Scheme ... ..	2/11/45	23/4/49	£85,715 Exchequer grant £11,000.	Completed except for additional reservoir at Bratton, where work is in progress.
Boyton and Fonthill ... ..	—	16/3/48	(D) £7,185	Completed.
Upton Lovell ... ..	25/10/49	24/11/49	£2,115	Completed.
Corton ... ..	25/10/49	17/11/48	£6,200	Completed.
Codford Mains ... ..	25/10/49	8/9/50	£5,015	Completed.
Codford Pumping Station ... ..	7/7/50	23/9/50	£11,325	

(D)—Exchequer grant deferred for time being.

(N)—No Exchequer grant.

### SEWERAGE.

Sewerage Schemes for the villages of Grittleton in the Calne and Chippenham Rural District, Bromham and Rowde in the Devizes Rural District, Corston, Hullavington and Sherston in the Malmesbury Rural District, Mere and Zeals in the Mere and Tisbury Rural District, and Fovant, Barford and Berwick St. James in the Salisbury and Wilton Rural District, were submitted for observation during the year. Proposals were also submitted for the Borough of Malmesbury at an estimated cost of £56,000. These proposals have been a long time in preparation, and once again I wish to point out that this is the only borough or urban district in the County the sewage of which is discharged untreated into a river. The cost to a Borough with a population of 2,631 is very high, and I hope that the Ministry of Housing and Local Government will be impressed with the representations made to them that Malmesbury Borough is a "rural locality" within the meaning of the Rural Water Supplies and Sewerage Act.

The following progress report reviews the position up to the end of the year of sewerage schemes submitted to the County Council since the end of the war.

#### Position at 31st December, 1951.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
AMESBURY. Outline Schemes ... ..	1/5/47	—	£253,000	
Amesbury ... ..	1/11/50	26/9/49	(D) £33,000	12-in. By-pass sewer completed.
Bulford and Durrington ... ..	7/4/49	18/11/50	£134,269 Exchequer grant £39,000.	Work in progress.
Shrewton ... ..	20/7/48	21/5/51	£46,000 Exchequer grant £16,000.	Engineer preparing quantities and contract drawings.

<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
BRADFORD AND MELKSHAM. Hilperton ... ..	11/5/46	3/4/47	£20,280 Exchequer grant £6,000.	Completed.
Winsley ... ..	11/5/46	9/7/47	£24,801 Exchequer grant £5,500	Completed.
CALNE AND CHIPPENHAM. Outline Schemes ... ..	15/10/47	—	£255,300	
Castle Combe and Yatton Keynell ...	20/7/50	6/7/51	£27,700	
Colerne ... ..	9/7/47	10/12/47	(D) £11,100	Completed.
Biddestone ... ..	20/7/50	6/7/51	£11,400	
Box ... ..	30/6/50	—	£31,750	Detailed scheme being prepared.
Calne Without (Blacklands) ... ..	9/10/51	5/10/51	£2,630	
Notton ... ..	3/5/51	1/10/51	£3,250	
Grittleton ... ..	6/7/51	—	£4,980	
Providence Lane, Corsham ... ..	11/10/51	26/10/51	£405	
Elley Green, Corsham ... ..	11/10/51	26/10/51	£245	
Malmesbury Road (Langley Burrell Without)	11/10/51	26/10/51	£450	
CRICKLADE AND WOOTTON BASSETT. Outline Schemes ... ..	21/5/46	—	£195,000	
Cricklade and Latton ... ..	11/1/49	—	£43,250	Awaiting Ministry approval.
Marston Meysey ... ..	20/7/48	—	£9,650	Awaiting Ministry approval.
DEVIZES. Outline Schemes ... ..	4/10/46	—	£263,840	
Bromham and Rowde ... ..	5/10/51	—	£38,987	
West Lavington (Rutts Lane) ...	7/10/50	9/1/51	(D) £1,012	Completed.
Erlestoke ... ..	9/10/50	9/1/51	(D) £2,850	Provisional starting date 1/1/52.
Potterne ... ..	15/10/46	5/5/49	(D) £12,924	Completed.
HIGHWORTH. Outline Schemes ... ..	27/8/46	—	£271,010	
Chiseldon ... ..	25/1/50	—	£18,360	
Highworth ... ..	12/2/48	—	(D) £53,000	Work in progress; Eastrop and Westrop section.
MALMESBURY R.D. Outline Schemes ... ..	30/4/48	—	£207,200	
Corston ... ..	16/7/51	—	£18,000	
Hullavington ... ..	16/7/51	—	£21,800	
Sherston ... ..	16/7/51	19/10/51	£4,593	Provisional starting date 1/1/52.



<i>Authority.</i>	<i>County Council Approval.</i>	<i>Ministry Approval.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
MALMESBURY BOROUGH ... ..	9/8/51	—	(D) £56,000	
MARLBOROUGH AND RAMSBURY. Aldbourn ... ..	21/3/45	6/3/50	£69,000	
Ramsbury ... ..	21/3/45	9/8/48	£61,842 Exchequer grant £18,500.	Completed.
MERE AND TISBURY. Hindon ... ..	1/2/49	2/4/51	£15,903 Exchequer grant £5,000.	
Tisbury ... ..	16/6/48	2/4/51	£37,165 Exchequer grant £14,000.	
Mere ... ..	3/5/51	—	£36,657	
Zeals ... ..	24/7/51	—	£11,197	Inquiry fixed for 4/1/52.
PEWSEY. Ludgershall ... ..	24/3/47	9/11/48	£42,290 Exchequer grant £11,000.	Completed.
SALISBURY AND WILTON. Downton and Redlynch ... ..	21/6/46	—	£108,000	No developments.
Fovant ... ..	24/7/51	—	£33,000	
Barford St. Martin ... ..	24/7/51	—	£21,720	Scheme under revision.
Berwick St. James ... ..	24/7/51	—	£7,750	
WARMINSTER AND WESTBURY. Outline Schemes ... ..	2/11/45	—	£104,000	No developments.

Exchequer Grant shown where known.  
(D)—Consideration of grant deferred.

### MILK SUPPLY

Number of Registered T.T. Milk Producers	...	...	...	1,295
„ „ „ Accredited Milk Producers	...	...	...	454
„ „ „ Non-designated Milk Producers	...	...	...	1,617

### TUBERCULOUS MILK

During the year 568 milk samples were examined for tubercle. Four of these were reported positive and the appropriate action taken to safeguard the supply. Two of the infected samples were from school milk supplies (one accredited and one non-designated), which indicate the need for strict supervision of milk delivered to schools. One case of tuberculous milk produced within Wiltshire was reported by the London County Council, but veterinary investigation failed to reveal an infected cow.

## PASTEURISED MILK.

There are now 12 pasteurising plants in Wiltshire licensed by the County Council and supervised by the County Sanitary Inspector.

The regulations are rigidly enforced by frequent inspection and sampling. Generally speaking, every effort is made by the dairies concerned to observe the conditions of licence, which are designed to give the public a clean, safe milk. During the year 226 samples of pasteurised milk were examined by the phosphatase and methylene blue test: 223, or 98.7% of these samples were up to the standard required.

One unsatisfactory feature of the existing regulations is the fact that milk retailers are permitted to purchase loose "accommodation" pasteurised milk and bottle it themselves, where it is liable to be mixed with or at least come into contact with raw milk. In such cases the whole object of heat treatment (which is to kill off all pathogenic organisms) is defeated by the admixture of the two milks. This defect will be remedied as from the 1st October, 1954, when all pasteurised milk must be bottled on the premises where it is pasteurised.

The unhygienic cardboard disc will also have to be replaced with a cap overlapping the lip of the bottle, after a given date to be announced by the Minister.

## FOOD & DRUGS (MILK & DAIRIES & ARTIFICIAL CREAM ACT) 1950.

No part of Wiltshire has yet been designated as a "specified Area" in which only designated milk may be retailed.

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## RURAL HOUSING

A review of the Housing situation at the end of 1951 showed that there were 4,782 applicants for new houses on the books of the 12 Rural Authorities, while 757 new houses were completed during the year, namely 649 by Rural Councils and 108 by private enterprise. Houses now owned by Rural Authorities number 728 temporary houses, and 5,697 permanent houses.

The housing problem, however, will not be solved entirely by placing the emphasis on the provision of new houses, and ignoring the serious deterioration of existing cottage property.

Since the war very little has been done regarding repair and maintenance of cottage property, beyond enforcing the nuisance clauses of the Public Health Act to keep them wind and weather proof. Formal action under Section 9 of the Housing Act, 1936, has not been possible to make sub-standard houses fit for habitation at reasonable expense by reason of restricted rents and high repair costs. Such houses are gradually deteriorating into Section 11 dwellings and must eventually qualify for demolition, which in turn means more new houses to rehouse the occupants, in addition to those still living in condemned and overcrowded houses.

## RURAL HOUSING SURVEY (MINISTRY OF HEALTH CIRCULAR 64/44).

The progress of the Housing Survey in rural areas at the end of the year is shown by the following table. It will be observed that the survey has been completed in four Rural Districts, while in three others it has scarcely begun. Revealing figures of the alarming number of sub-



standard houses so far inspected are shown in classifications 3 and 5, and, as stated above, is a problem which must be grappled with sooner or later.

TABLE I

RURAL DISTRICT.	Total Houses to be surveyed.	Total Surveyed up to 31/12/51	CLASSIFICATION.					Total Classified.
			1	2	3	4	5	
Amesbury ... ..	1,696	1,696	713	493	277	110	103	1,696
Bradford and Melksham ... ..	2,723	723	81	150	124	140	228	723
Calne and Chippenham ... ..	5,395	3,404	221	858	1,774	146	405	3,404
Cricklade and Wootton Bassett ...	3,217	2,347	481	525	887	209	245	2,347
Devizes ... ..	2,538	2,538	55	518	842	860	263	2,538
Highworth ... ..	5,936	1,898	810	287	369	123	309	1,898
Malmesbury ... ..	1,467	1,467	316	289	459	233	170	1,467
Marlborough and Ramsbury ...	3,100	307	32	139	113	—	23	307
Mere and Tisbury ... ..	2,643	2,643	279	1,072	895	273	124	2,643
Pewsey ... ..	2,901	1,151	328	272	64	240	247	1,151
Salisbury and Wilton ... ..	3,109	2,436	146	332	1,625	23	310	2,436
Warminster and Westbury ...	3,200	694	135	197	254	36	72	694
TOTALS ... ..	37,925	21,304	3,597	5,132	7,683	2,393	2,499	21,304

Classification.	Condition of Dwelling.	Normal Action.
1.	Satisfactory in all respects.	No action.
2.	Minor defects.	Informal action or Public Health Acts.
3.	Require repair, structural alteration or improvement.	Sec. 9 or Sec. 11, Housing Act, 1936.
4.	Appropriate for improvement and re-conditioning under Housing Act, 1949.	Sec. 11 Housing Act, 1936, Housing Act, 1949.
5.	Unfit for habitation and beyond repair at reasonable cost.	Sec. 11 and Sec. 25 Housing Act, 1936.

#### HOUSING ACT, 1949 (IMPROVEMENT GRANTS).

Again, during 1951 few applications were received from property owners for financial assistance towards the improvement of existing dwellings, in spite of grants being available up to half the cost of the work involved. The disappointing response may be due to the fact that the Act has only been in operation a short time, but more likely it may be due to the fact that essential repairs only do not qualify for grant, which is given only for works of improvement, such as the provision of a bathroom, main drainage or other amenity, and that the work must not be less than £100 or more

than £600. The following table indicates the number of applications for assistance made during 1951 and the number approved.

Rural District.	Applications dealt with by R.D.C.				Submitted to Regional Office of Ministry.			
	Received	Approved	Rejected	Under consideration	No. Sent	Approved	Rejected	Under consideration
Amesbury ... ..	7	5	2	—	5	1	3	1
Bradford & Melksham	1	—	1	—	1	—	1	—
Calne & Chippenham ...	9	7	2	—	7	2	4	1
Cricklade & Wootton Bassett ... ..	1	1	—	—	1	—	1	—
Devizes ... ..	1	1	—	—	1	1	—	—
Highworth ... ..	5	1	4	—	1	1	—	—
Malmesbury ... ..	5	4	1	—	4	3	1	—
Marlborough & Ramsbury ... ..	—	—	—	—	—	—	—	—
Mere and Tisbury ...	—	—	—	—	—	—	—	—
Pewsey ... ..	3	3	—	—	3	—	2	1
Salisbury & Wilton ...	2	—	2	—	—	—	—	—
Warminster & Westbury	1	—	—	1	—	—	—	—
TOTALS ... ..	35	22	12	1	23	8	12	3

### PEST CONTROL

Rodent and insect pest disinfection of County Council premises is carried out under the supervision of the County Sanitary Inspector, whose services are very much in demand during the summer months in connection with the fly, ant and cockroach nuisances.

Pest control to-day is a highly scientific undertaking, requiring the use of up-to-date methods and selected materials, particularly where food preparing premises are concerned.



**RURAL DISTRICT HOUSING STATISTICS FOR 1951.**

	Amesbury	Bradford and Melksham.	Calne and Chippenham.	Cricklade and Wootton Bassett.	Devizes	High- worth.	Malmes- bury.	Marlborough and Ramsbury.	Mere and Tisbury	Pewsey.	Salisbury and Wilton.	Warminster and Westbury.	Total.
<b>1. Number of New Houses and Flats erected during the year—</b>													
(a) By Local Authority ... ..	94	76	81	52	84	99	10	44	3	48	36	22	649
(b) Private Enterprise ... ..	10	4	15	11	4	7	4	11	2	14	17	9	108
<b>2. Inspection of Dwellings during the year—</b>													
(i) Inspected for housing defects under Public Health Acts	80	135	136	35	10	86	—	37	23	—	32	15	589
(ii) Inspected for housing defects under Housing Acts ...	41	1	221	7	48	60	584	7	796	—	25	—	1790
(iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation ... ..	9	48	—	7	—	5	—	2	19	—	6	3	99
(iv) Number of dwellings found not to be in all respects reasonably fit for habitation ... ..	76	48	250	29	—	146	316	39	319	—	41	11	1275
<b>3. Remedy of Defects by Informal Action—</b>													
Number of dwellings rendered fit in consequence of informal action ... ..	45	39	—	25	15	143	27	36	156	13	49	4	552
<b>4. Action under Statutory Powers (Public Health and Housing Acts—</b>													
(A) Proceedings under Sections 9, 10 and 16 of Housing Acts, 1936:													
(i) Number of dwellings in respect of which notices were served requiring defects to be remedied ... ..	—	—	—	—	—	—	—	—	—	—	1	—	1
(ii) Number of dwellings rendered fit after service of formal notice:—													
(a) By Owners ... ..	1	—	—	—	—	—	—	—	—	—	1	—	2
(b) By Local Authority in default of Owners ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(B) Proceedings under Public Health Acts:													
(i) Number of dwellings in respect of which formal notices were served ... ..	1	1	—	2	—	3	—	1	—	1	—	—	9
(ii) Number of dwellings rendered fit after service of formal notice:—													
(a) By Owners ... ..	—	—	—	2	—	3	—	—	—	1	—	—	6
(b) By Local Authority in default of Owners ...	—	—	—	—	—	—	—	—	—	—	—	—	—
(C) Proceedings under Sections 11 and 13 of Housing Act, 1936:													
(i) Number of Demolition Orders made ... ..	6	—	—	5	1	5	—	—	—	9	—	—	26
(ii) Number of houses demolished as result of Demo- lition Orders ... ..	7	—	—	—	7	5	4	3	—	6	—	—	32
(iii) Number of undertakings accepted ... ..	—	—	2	2	—	—	—	—	—	4	3	—	11
(iv) Number of undertakings completed ... ..	1	1	—	—	1	—	—	—	—	1	—	—	4
(D) Proceedings under Sections 25 and 26 of Housing Act, 1936:													
(i) Number of houses under which Demolition Orders were made ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of houses demolished in pursuance of Demolition Orders ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(E) Proceedings under Section 12 of Housing Act, 1936:													
(i) Number of separate tenements or underground rooms in respect of which closing orders were made ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—
(ii) Number of separate tenements or underground rooms in respect of which closing orders were cancelled, as result of premises having been made fit ... ..	2	—	—	—	—	—	—	—	—	—	—	—	2
<b>5. Housing Act, 1936, Part IV. Overcrowding:</b>													
(i) Number of cases of overcrowded dwellings at end of year	*	*	*	10	*	2	11	—	4	*	*	*	27
(ii) Number of cases discovered during year ... ..	8	—	1	4	3	2	20	—	3	39	—	—	80
(iii) Number of cases abated during year ... ..	6	—	1	5	—	3	9	—	2	15	—	—	41

\* Not known.





## REPORT OF THE AREA MEDICAL OFFICER FOR THE YEAR 1951

I have pleasure in submitting the Report of the Area Medical Officer of Swindon for the year 1951.

As previously, the Report deals exclusively with the services provided under Part III of the National Health Service Act, 1946, which have been delegated to the Swindon Area Sub-Committee. The two services which have not been delegated under this part of the Act are the Ambulance Service and the Mental Health Service.

Having now had a complete year in which to observe the working and administration of the Area Medical Services, I would say that the arrangements are most satisfactory. Close liaison is maintained between this department and the departments concerned at County Hall; this co-operation has been most encouraging. Again, too, the degree of co-operation maintained enables us to deal satisfactorily and expeditiously with the many problems which are partly local Sanitary Authority and partly Area Services.

### MEDICAL STAFF.

Medical Officer of Health	...	...	...	James Urquhart, M.B., Ch.B., D.P.H.
Acting Deputy Medical Officer of Health	...	...	...	A. H. Griffith, M.B., B.S., D.P.H.
Assistant Medical Officer of Health	...	...	...	S. B. S. Smith, L.M.S.S.A., D.T.M. & H.

### SWINDON HEALTH CENTRE.

During the year ten doctors continued to work from the Health Centre where some 36,000 patients are registered.

New desks were supplied to all the doctors' consulting rooms, the waiting room accommodation was re-arranged and 60 stacking type chairs were supplied. This enabled us to dispose of some of the benches and chairs which were there previously with a resulting improvement in comfort and in appearance.

Extensive alterations were made in the general office by the replacement of the old wooden counter and wooden drawer filing system by modern steel cabinets. I am assured by the staff that the new equipment has made a considerable contribution to easier, quicker and more efficient working.

I have personal contact with the doctors and have discussed many problems with them.

### DENTAL DEPARTMENT.

Dental Surgeons	...	...	...	...	2
Dental Technicians	...	...	...	...	5
Dental Attendants	...	...	...	...	2
Dental Receptionist	...	...	...	...	1

During the year there were 11,684 attendances for treatment and the following work was carried out:—

Scalings.	FILLINGS.		Extractions	X-Rays.	DENTURES.		Other Treatments.
	Amalgams.	Synthetic.			Repairs.	Manufactured.	
383	1,852	361	3,833	532	644	1,175	5,722

### PHARMACY.

The Pharmacy dealt with 138,050 prescriptions during the year.

# ANTE-NATAL AND POST-NATAL CLINICS.

Clinics at which a doctor is in attendance are held weekly as follows:—

37 Milton Road	...	...	Tuesdays	} 1.30 to 4 p.m.
			Thursdays	
Beech Avenue	...	...	Mondays	} 1.30 to 4 p.m.
			Fridays	

		1951	1950
Number of women who attended these Clinics during the period	794	924	
Number of attendances made during the period	...	3786	4199

In addition to the above Clinics the arrangements whereby the Regional Hospital Board Obstetrical and Gynaecological clinics are held in County Council premises continues.

During the second half of the year the Thursday afternoon clinic at Milton Road has been taken by the Deputy Medical Officer of Health instead of the resident hospital staff. This was arranged so that the Local Authority Medical staff would have a more direct and personal interest in the domiciliary midwifery service. Other clinics have continued to have the services of the medical staff from the Swindon Maternity Hospital and two general practitioner obstetricians have continued to be employed for ante-natal clinics on a sessional basis.

The Local Authority clinics are staffed by the district midwives on a rota system.

# INFANT WELFARE CLINICS.

Centre.	Day and Time.	Number of Consultations with Doctor.	Number of Attendances.
61, Eastcott Hill ... ..	Monday (until 20/8/51) } Wednesday } 2 to 4 p.m. Friday }	1,833 (1,732)	5,318 (5,729)
Beech Avenue, Pinehurst ... ..	Tuesday 2 to 4 p.m.	673 (768)	2,472 (2,794)
Gorse Hill ... ..	Wednesday 2 to 4 p.m.	405 (261)	1,681 (1,854)
Rodbourne ... ..	Thursday 2 to 4 p.m.	336 (447)	1,170 (1,501)
Moredon ... ..	Monday 2 to 4 p.m.	381 (29)	1,717 (1,176)
Bath Road ... ..	Friday (from 24/8/51) 2 to 4 p.m.	243 (—)	486 (—)

Figures for 1950 appear in brackets.

In August the clinic at 81 Bath Road was opened and various clinics have been held there, including maternity and child welfare clinics, hospital obstetric clinics and child guidance clinics.

The clinic premises are on the ground floor and comprise a reception room, undressing cubicles, waiting room, baby weighing room, consulting room, kitchen and sluice room and lavatory facilities. There is a large covered pram shelter at the rear of the building. The upper two floors furnish three flats for staff.

The clinic is well furnished and equipped, and is both attractive to look at, efficient in working, and provides adequately for the population of the Old Town. When one sees a clinic such as this one realizes how inadequate and depressing are the clinics which of necessity have to be held in make-shift premises.



The Paediatric Consultant Clinic which in conjunction with the Regional Hospital Board was held at Eastcott Hill Clinic was in March, 1951, transferred to the Victoria Hospital. From our point of view this was a retrograde step as, unhappily, when such clinics are held in hospital, we frequently lose touch with the cases and the personal interest of our clinic staff in each particular child is lost.

#### CARE OF PREMATURE INFANTS.

Number of premature babies born:—

(i) At home	...	...	...	...	25
(ii) In Hospital or Nursing Home	...	...	...	...	6

Number who died during the first 24 hours:—

(i) Born at Home	...	...	...	...	1
(ii) Born in Hospital or Nursing Home	...	...	...	...	—

Number who survived at end of one month:—

(i) Born at Home	...	...	...	...	24
(ii) Born in Hospital or Nursing Home	...	...	...	...	6

The close liaison between the Swindon and District Maternity Hospital and the Local Authority in the care of premature infants continues to show good results. Before a premature infant is discharged from hospital our health visitors visit the home to ensure that adequate provision is made for its reception and care. If it is considered that the home is not suitable, the case is kept in hospital until such time as the infant gains in strength. On the other hand, if a premature infant is born at home and it is considered that the facilities for its care are inadequate, the mother and child are admitted to the Maternity Hospital.

At the request of the Hospital Consultant Paediatrician and Ophthalmologist we have, during the year, made provision for and staffed a special clinic at Eastcott Hill where premature babies are seen at regular intervals during the first six months of life.

The system whereby the Maternity Hospital notifies us each day of the mothers and children due to be discharged the following day continues to function. This enables us to have a health visitor almost waiting on the doorstep to welcome the mother home and to help and advise her on this most difficult day.

#### DENTAL CARE.

CLASS.	Numbers provided with Dental Care.				Forms of Dental Treatment provided.							
	Examined.	Needing Treatment.	Treated.	Extractions.	Anaesthetics.		Fillings.	Scalings or Scaling and Gum Treatment.	Silver Nitrate Treatment.	Dressings.	Dentures.	
					Local.	General.					Complete.	Partial.
Expectant and Nursing Mothers ... ..	34	27	24	39	12	5	13	9	—	18	6	2
Children under five ... ..	189	151	143	187	3	92	5	—	2	114	—	—
TOTALS ... ..	223	178	167	226	15	97	18	9	2	132	6	2

Patients for X-rays are referred to the Victoria Hospital.  
Dentures are sent to an outside mechanic.



During the year we lost both our dental officers. Mr. Berrie retired on the grounds of ill-health as from 30th April, 1951, and Mr. Barnett left to take up private practice on 30th June, 1951. Advertisements were repeatedly issued but no applications received. Being without a dentist on our staff led to numerous difficulties as almost every day mothers reported to me that having tried to secure emergency treatment at several dentists and being refused, undue suffering was being caused to the patients.

At that time I did approach the local secretary of the British Dental Association to see whether any of the local practitioners could give us some sessional services, but without result. I would add, however, that some of the dental practitioners were most helpful in treating as many of these emergency cases as they could and the dentists at the Health Centre also provided emergency treatment.

In August the County Medical Officer made available to us the services of the Assistant Dental Officer, Mr. Randerson, for one session per week. Although his services were much appreciated there was of course no possibility of any conservative work being done.

As has been expressed many times by many authorities the situation in Swindon with regard to lack of dental care of mothers and children has resulted directly from the National Health Service Act and as long as the present situation with regard to remuneration of dentists exists then one can truly say that the Local Authority Dental Services are moribund.

#### SUPPLY OF WELFARE FOODS.

During the year 2,872 packets of infant foods were sold for which £354 3s. 4d. was received. This shows a marked fall from the amount sold last year when 4,189 packets were sold and £503 11s. 0d. received. These figures in themselves explain the reason for this fall—the rising cost of the proprietary foods and the comparatively cheap National Dried Milk.

#### PROVISION OF MATERNITY OUTFITS.

During the year 567 maternity outfits were supplied from this office as compared with 330 during 1950. Although the birth rate showed little variation during the two years this difference is accounted for by the greater number of domiciliary confinements.

#### DAY NURSERIES.

	Number of Nurseries.	No. of Approved Places.		No. of Children on the Register at the end of the year.		Average daily Attendance.	
		0—2	2—5	0—2	2—5	0—2	2—5
Nurseries maintained by the Council ... ..	2	30	60	7	44	6	39

The two Day Nurseries in Swindon provided for 90 children and at the beginning of the year the average number of daily attendances was 59 and those waiting for admission 113. As stated in last year's Report the increased numbers applying for admission necessitated the closest scrutiny of all applications and only the most deserving were admitted whenever a vacancy arose.

When estimates of expenditure for the coming year were considered it was decided that to effect economies the provision of day nursery places would have to be curtailed. As an adverse architect's report was received on the premises at Broad Street it was decided to close this nursery down and open at some other premises on a smaller scale.

At the present time negotiations are going on between the authorities concerned for the use of these premises and it is hoped that early in 1952 all arrangements will be completed and the premises ready for occupation.



## FAMILY PLANNING ASSOCIATION.

The Family Planning Association continue to hold clinics at Eastcott Hill Clinic weekly.

## TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS.

40 children were referred to the Orthopaedic Clinic at St. Margaret's Hospital.

21 cases attended the Surgeon's Sessions and made 46 attendances.

19 „ „ the Sister's „ „ „ 58 attendances.

10 children were seen by the Ophthalmologist making 46 attendances.

As already stated under the heading Care of Premature Infants, a special weekly ophthalmic clinic was established at Eastcott Hill in August.

The purpose of this clinic was to keep premature infants under regular supervision of the ophthalmologist for six months after birth to observe whether retrolenticular fibroplasia developed.

At this clinic a special technique of preparing the children for examination is employed and one of our health visitors seconded to the clinic was given a short course of instruction at The Radcliffe Hospital, Oxford.

## MIDWIFERY SERVICE.

The following is an analysis of the midwifery carried out in the area during the year:—

Category.	Domiciliary Cases.		Cases in Institutions.		Total.	
	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.	As Midwives.	As Maternity Nurses.
(1) Midwives employed by the Authority ... ..	444	37	—	—	444	37
(2) Midwives employed by Hospital Management Committee ... ..	—	—	914	23	914	23
(3) Midwives in Private Practice	3	4	—	146	3	150
TOTALS ... ..	447	41	914	169	1361	210

The Local Authority establishment of seven midwives was reduced to six during the year and a total of eight pupil midwives were attached to them for training.

It appears that the numbers of pupils available are steadily decreasing and this naturally throws a greater burden of work on the midwives. If the number of domiciliary cases increases and the supply of pupils fails, it will be necessary either to augment the strength of midwives or to get pupils midwives allocated from other hospital management committee areas.

## ADMINISTRATION OF GAS AND AIR ANALGESIA.

All six of the midwives are qualified to administer gas and air analgesia.

Analgesia was administered in 409 cases where the midwife acted as such and in 27 cases where the midwife acted as maternity nurse, making a total of 436 administrations in 491 cases.

## MIDWIVES ACT, 1951.

Medical Aid was summoned in 49 domiciliary cases during the year.



## HEALTH VISITING.

Number of visits paid by Health Visitors (figures for 1950 in brackets).

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.	Other Classes.
First visits.	Total visits	First visits.	Total visits.	Total visits.	Total visits.
77 (49)	89 (60)	1,021 (1,031)	4,568 (5,211)	5,384 (6,631)	2,821 (1,649)

Number of live births notified during the year ... 1,427 (1,374)

Number of stillbirths during the year ... 35 (38)

Included in " Other Classes " in this Table are 1,306 (481) visits to cases of infectious diseases and 669 (529) visits to cases of tuberculosis.

The health visiting staff has remained as before namely one senior health visitor and seven health visitors.

The health visitors also act as school nurses and this arrangement makes for continuity of supervision of the family as the child can be followed from infancy through its school life. Again, too, it promotes the confidence of the family in the health visitor who treat her as a friend, advisor and confidant in all their problems.

Elsewhere in this Report I have made reference to the scheme of co-operation between the Local Authority and the Maternity Hospital whereby a day's advance notice is given about mothers and babies returning home. This enables us to have the health visitor visit the mother on the day of her discharge from hospital.

We have also been able to get close co-operation between the Hospital Almoner and the health visitors and again this liaison is proving mutually helpful.

In my opinion there is still room for closer co-operation between the general practitioners and health visitors in this town. By personal contact with the practitioners I am encouraging them to develop liaison with the health visitors. I feel that such liaison would benefit all concerned especially the patients as I frequently find that practitioners are unaware of many of the services available to them.

The health visitor is, I consider, the key social worker. It is not unusual to find that a household is being visited by several social visitors representing various branches of the Social Services. I feel that this overlapping and duplication of visits could be to a large extent eliminated by extending the field of activity of the health visitor. As, however, the increasing problems of the aged are already throwing a heavier burden on to the health visitors one cannot extend their work without either extra staff or relieving them of some of their more routine duties. In this respect one might consider reducing the number of routine visits paid by the health visitors to good homes where the mother and child regularly attend the infant welfare clinics and the employment of someone less highly trained to carry out cleanliness inspections in school.

## HOME NURSING.

Four fully trained nurses are employed on district nursing. As the town expands and new housing development takes place the work of these nurses is made more strenuous by the greater area of the districts they have to cover.

These nurses work in close co-operation with the hospitals and general practitioners. During the year many instances have been brought to my notice where some consideration by both hospitals and doctors could have saved many extra and fruitless visits by the district nurses. When such



instances were brought to the notice of the persons concerned I found that they did co-operate and the number of unnecessary calls made on the nurses fell immediately. In spite of this it does seem that the case load of each nurse is becoming too heavy and that in the near future extra staff will be necessary if we are to maintain an efficient service.

During the year the district nurses paid 14,718 visits to 1,355 cases.

#### DETAILS OF WORK CARRIED OUT BY HOME NURSES

	<i>No. of Cases.</i>
Respiratory diseases (excluding tuberculosis) ... ..	179
Digestive diseases ... ..	78
Heart and Arteries ... ..	127
Veins and other circulatory diseases ... ..	83
Genito-urinary ... ..	65
Skin ... ..	98
Ear, Eye and other sense organs ... ..	179
Cancer (and other neoplasms) ... ..	84
Cerebral lesions of vascular origin ... ..	10
Infectious and parasitic diseases ... ..	62
Diabetes ... ..	22
Injuries ... ..	86
Tuberculosis ... ..	19
Bones and organs of movement (mainly rheumatism) ... ..	42
Pregnancy ... ..	26
Mental and other nervous diseases ... ..	26
Other diseases or ill defined ... ..	110
Preparation for X-ray examinations ... ..	59
Total number of cases ... ..	1355

#### VACCINATION AND IMMUNISATIONS.

Owing to repeated demands from mothers at Infant Welfare Clinics it was decided to provide facilities at these clinics for vaccination. It was thought that the numbers requiring vaccination would not be large enough to justify separate clinic sessions so each fortnight time was reserved for vaccination at the start of each child welfare clinic where a doctor was in attendance.

During the year 318 vaccinations were carried out at the clinics and the total vaccinations performed by clinics and private doctors is summarised in the following table.

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
Primary Vaccination ... ..	169	57	36	71	333
Re-vaccination ... ..	8	8	16	117	149
TOTALS ... ..	177	65	52	188	482

During the year there was no interruption in immunisation by poliomyelitis as in 1950. During that year the number of children immunised fell far below the previous years' averages so it was decided in 1951 to intensify the immunisation campaign. Again it was felt that the set immunisation clinics were not being well attended because this normally meant that a mother who attended a child welfare clinic had to make extra clinic visits for immunisation. It seems too that many will accept immunisation when it is performed immediately who would otherwise think twice about paying a visit to a separate clinic session for this purpose. It was therefore decided to provide immunisation facilities at all infant welfare clinics which had a doctor in attendance.

It will be seen from the statistics given below that this system has really proved its worth (1950 figures in brackets).

Number of clinics held	...	...	...	...	92	(52)
Total number of attendances	...	...	...	...	1419	(873)
Number of children who have completed course	...	...	...	...	620	(307)
Number of children immunised by general practitioners	...	...	...	...	175	(83)
Total number immunised	...	...	...	...	795	(390)
Re-inforcing injections including general practitioners	...	...	...	...	118	(83)

#### PROVISION OF NURSING EQUIPMENT AND APPARATUS.

The Medical Loan Department continues to be run from the Swindon Health Centre and administered by the Clerk in Charge there. There is considerable demand for the various types of equipment and to give an idea of the work entailed in running the department, I append a list of the articles loaned during the year, for which hire payments of £72 6s. 1d. were received.:—

<i>Appliance.</i>	<i>On Payment.</i>	<i>On Free Loan.</i>
Invalid chairs	72	—
Air Rings	149	—
Waterproof sheets	132	1
Bed pans	158	1
Bed rests	145	—
Bed slippers	79	1
Crutches	15	—
Urinals	77	—
Air beds	12	1
Bed cradles	13	—
Bed tables	5	1
Mattresses	2	1
Inhalers	1	—
Walking sticks	4	—
Feeding cups	9	—
Diabetic spring balances	1	—

#### DOMESTIC HELP.

Number of full-time domestic helps on books at the end of the year	17
Number of part-time domestic helps on books at the end of the year	4
Number of householders helped during the year:—	
(a) Maternity cases	66
(b) Other cases	126
... .. Total	192
Number of hours of assistance provided during the year:—	
(a) Maternity cases	6,122
(b) Other cases	29,975
... .. Total	36,097
Number of domestic help hours available	36,791
Number of cases in which full fee was not charged	167

The demand for this service continues to increase and it is with great difficulty that the demands made on it can be fulfilled with the present staff. In order to give some service to each deserving case applying, the time that each Domestic Help can spend on each case has to be carefully assessed in relation to the needs. It is clear therefore that more administration time is required when the demand for the service is high and the number of Domestic Helps small.

It is felt too that there should be more supervision of the work performed by the Domestic Helps in the homes. A certain amount of information on their work is obtained from health visitors and district nurses and in fact there have been no adverse reports in this connection, but I do feel that for the protection of the domestic helps and to achieve the maximum service for the public a supervisor of domestic helps is desirable.



**MATERNITY BEDS.**

The scheme whereby all cases applying for admission to the Maternity Hospital who are not booked on medical grounds are referred to this department for social assessment continues to work satisfactorily. These social investigations which were previously made by the Social Worker, Miss Orr, have, since her resignation in May, 1951, been made by our health visitors. This is one more task added to the health visiting staff and has to be done at the expense of other duties. Again it means that with eight persons assessing social needs instead of one their different personal standards of social need must be taken into consideration. This is partially overcome by the use of a standard form of report for each case but in my opinion it would be more satisfactory to have one visitor for these social investigations.

JAMES URQUHART,  
Area Medical Officer.

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